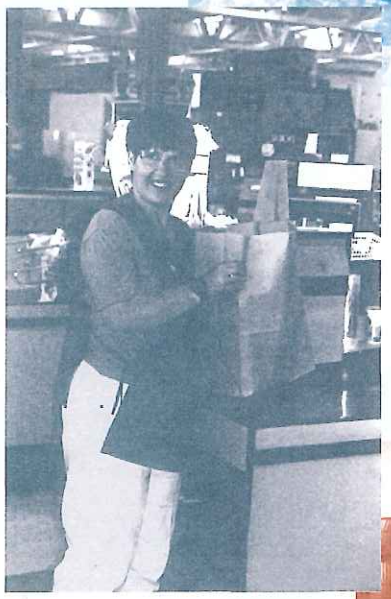


The Community Support Skill Standards:

Tools for Managing Change and Achieving Outcomes

Skill Standards for Direct Service Workers in the Human Services

Editors:

Marianne Taylor

Valerie Bradley

Ralph Warren, Jr.

Photography by
Lydia Ganz, San Francisco;
Community Entry Services, Riverton, Wyoming;
The Arc of the United States; and
Dr. James A. Chaney

Graphic Design by Anne Read

The Community Support Skill Standards:

Tools for Managing Change and Achieving Outcomes

Skill Standards for Direct Service Workers in the Human Services

Editors:

Marianne Taylor

Valerie Bradley

Ralph Warren, Jr.

Acknowledgments

This publication reflects the contributions of a vast network of colleagues and friends. We are deeply indebted to these persons for their wisdom and assistance. The project staff also wish to recognize Pam Kramer for her meticulous preparation of the manuscript and her guiding vision.

This publication was developed with the support of the Office of Vocational and Adult Education, U.S. Department of Education, grant number #V244B30008-95.

Permission to use or reproduce portions of this document is granted for not-for-profit organizations for educational and research purposes only. For other purposes, please request permission in writing from the Community Support Skill Standards Project, Human Services Research Institute.

The Community Support Skill Standards Project was conducted in accordance with Title VI of the Civil Rights Act of 1964 that states: "No person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." and with Title IX of the Education Amendments of 1972 that states: "No person in the United States shall, on the basis of sex, be excluded from participation under any education program or activity receiving federal financial assistance."

Disclaimer

Activities of the Community Support Skill Standards Project, while funded by the U.S. Department of Education, do not necessarily represent the views or policies of this agency. It is also important to state that project staff and others who assisted with the development of these standards are not responsible for learner outcomes or worker performance where these standards where used either to educate learners or workers or to appraise or assess performance.

Copyright © 1996 Human Services Research Institute, All rights reserved.

The Community Support Skill Standards:

Tools for Managing Change and Achieving Outcomes

Skill Standards for Direct Service Workers in the Human Services

CONTENTS

1 **INTRODUCTION**

2 Goals of the Community Support Skill Standards Project

5 Why do we need skill standards in human services?

9 What is community support work?

14 How were the standards developed?

16 Introduction to skill standards

18 What are the next steps?

21 **SKILL STANDARDS**

21 Participant Empowerment

26 Communication

29 Assessment

35 Community & Service Networking

40 Facilitation of Services

45 Community Living Skills & Support

51 Education, Training & Self-Development

54 Advocacy

57 Vocational, Education & Career Support

60 Crisis Intervention

62 Organizational Participation

67 Documentation

71 **APPENDICES**

71 Appendix A: Technical Committee

72 Appendix B: Project Participants

76 Appendix C: Direct Support Work: Values and Vision

78 Appendix D: Knowledge and Attributes Related to Effective Community-Based Support Work

80 Appendix E: Human Service Education Survey Results

84 Appendix F: Skill Standard Implementation Sites

85 **REFERENCES**

THE COMMUNITY SUPPORT SKILL STANDARDS:

Tools for Managing Change and Achieving Outcomes

Skill Standards for Direct Service Workers in the Human Services

Introduction

The primary purposes of the Community Support Skill Standards Project, funded by the U.S. Department of Education, are to foster the adoption of national, voluntary skill standards for direct service workers, to increase both horizontal and vertical career opportunities for human service personnel, and to create a foundation for a nationally recognized, voluntary certification of direct services practitioners. The project is based on the assumption that the development of skill standards in the human service field is a critical step toward strengthening educational and training programs, improving responsiveness to service participants, increasing the marketability of workers, and enhancing the effectiveness and quality of services.

Human service workers who have participated in the project have been unanimous in their desire for greater recognition of their commitment and expertise, the opportunity to expand and enrich their skills, and a level of compensation that will make it possible for them to make a career in the field. They also support the concept of recognizing expert workers by offering a voluntary certificate of mastery to those workers who have demonstrated competence in skills such as those described in The Community Support Skill Standards. Such recognition will help shape career paths by defining the benchmarks of direct service excellence, while improving the stability and quality of supports provided to people in need.

▲ ***Human services workers who have participated in the project have been unanimous in their desire for greater recognition of their commitment and expertise.***

I. Goals of the Community Support Skill Standards Project

National Context

The skills standards movement is premised on the assumption that workforce performance has suffered because of a lack of communication among educators, employers, and workers regarding the character and requirements of specific occupations and the contemporary work place.

American business and industry leaders are joining with educators nationally to forge a new and vital partnership to enhance the preparation of workers in the United States for the challenges they will face in the global economy of the 21st Century. At the core of this partnership is the development of a system of national, voluntary, skill standards that articulate what workers need to know and do in the contemporary American work place. Until now, the United States has been the only industrialized country in the world without a system of national skill standards.

Under the leadership of the Clinton Administration, a diverse range of national standards has emerged from projects funded by the U.S. Departments of Education and Labor and a National Skill Standards Board has been established to cultivate and extend this national system of standards.

The skills standards movement is premised on the assumption that workforce performance has suffered because of a lack of communication among educators, employers, and workers regarding the character and requirements of specific occupations and the contemporary work place. As a result, students and workers have been left on their own to integrate their academic training with the demands of particular jobs, frequently finding a poor fit between what they were taught and what they must know and do to excel in chosen careers. This failure has both constrained national productivity and sentenced young people without advanced degrees to dead-end jobs; these problems became evident as changes in the economy have taken place over the past decade (America's Choice: High Skill or Low Wages,1990, Gardner, David P. et. al. 1983). Specifically, intensive global economic competitiveness and the changing nature of work created demands for workers prepared to solve problems, collaborate in teams, and master new technologies—demands that neither educators nor employers were fully able to meet (Carnevale and Porro 1994).

Poised at the center of two major policy initiatives, educational reform and work force development, the Community Support Skill Standards Project and the other national skill standards projects (representing 21 other major American industries) are creating a crucial bridge between the competencies needed in the workplace and the knowledge and skills taught in school. The shared goals of these unique but

related skill standards projects include the following:

- communicating the requirements of the modern workplace;
- promoting high-performance workplace practices to improve the quality of goods and services;
- facilitating lifelong learning to raise workforce skills which will increase worker security and mobility within the labor market; and
- improving the quality and accountability of education and training programs to better prepare people for work. (Ganzglass and Simon, 1995)

Building a Coalition

For any set of skill standards to fully describe a particular occupation and to be accepted and applied on a national basis, the development of the standards must be a collaborative effort. To this end, project staff assembled a broad consortium of partners representing employers, labor, professional associations and consumer and family organizations (Listed in Appendix A). This team, the Technical Committee, guided the development, validation and implementation of the Community Support Skill Standards.

Developing Standards for Human Service Practitioners

To ensure that the content of these standards is relevant to the great variety of direct service roles in the vast field of human services, they are aimed at those essential activities that all direct service jobs *have in common* across the complex landscape of human service work settings and populations.

By identifying this common skill set, the standards provide a manageable framework for educators and trainers who are attempting to develop a general human service curriculum that is both relevant to a wide range of potential direct service roles and robust in content and depth. This approach also fits the needs of the numerous and varied public and private service providers who want a trained and capable work force to fill the variety of direct support roles needed throughout the service system. For such service providers, the generalist content of the Community Support Skill Standards represents a cost effective, "state of the art" educational framework with the strength of national collaboration and validation.

The development of the standards must be a collaborative effort. To this end, project staff assembled a broad consortium of partners representing employers, labor, professional associations and consumer and family organizations.

Supporting the Implementation of the Community Support Skill Standards

Skill standards alone will not ensure competency, they must be translated into curricula that effectively supports learners in mastering the requisite standards. For this reason, project staff have developed complementary strategies and activities that will make the standards more accessible and relevant to a practice context.

For the first time, the skills, knowledge and attributes at the heart of human service practice have been described, thus beginning the construction of a professional occupation.

To facilitate their application, the standards have been applied in four different demonstration training settings in order to explore the educational resources that will be required to support mastery. The lessons learned in these demonstrations, along with the collective wisdom of a project task force made up of experienced educators and trainers will be synthesized in a guidebook for educators and trainers that will be available by the close of the project in 1996. A prototype of a computer-based resource guide that organizes educational materials related to some of the standards in a hyper-text format will also be produced. This prototype can be used by educators as a model for using the Community Support Skill Standards to shape competency-based education and training curriculum.

Creating Career Pathways for Human Service Practitioners

Despite the vital societal contribution of human service workers, and the very complex and personal nature of their work, the human service practitioner has not been recognized as a professional in this country. As a result, there are inadequate educational and training opportunities available to those interested in human service work, and little attention paid to supporting these workers to pursue a career in direct service or one of the many other rewarding career paths available in the field.

This project takes the first step toward stimulating recognition of direct service work as a professional occupation. For the first time, the skills, knowledge and attributes at the heart of human service practice have been described, thus beginning the construction of a professional occupation (Nelsen, J. and Barley, S., 1993). The collaborative nature of this project has enabled staff to reach out to thousands of workers, employers, educators and trainers to begin a national dialogue about the advancement of the direct service role that, hopefully, will continue long after this project has ended.

The skill standards highlighted in the following pages are specifically designed for application in

the human services, an expanding and evolving occupational field, and one that will surely benefit from the comprehensive approach to training and practice anticipated by the skill standards movement. As an introduction to the skills standards themselves, the following sections outline the rationale for the development of skills standards in human service, the process applied to develop the skill standards, the framework used to define the occupation and the competencies, and the policy implications of the skills standards in human service.

II. Why do we need skill standards in human services?

As people with support needs have sought empowerment and partnership with their supporters and caregivers, they are redefining the contours of helping services.

Human service work is in the midst of profound change. Increasingly people who need short term assistance or long term care are living and receiving assistance in their local communities as opposed to large institutional settings or in highly centralized locations. Moreover, as people with support needs have sought empowerment and partnership with their supporters and caregivers, they are redefining the contours of helping services. Further, as contemporary American life becomes increasingly complex, and family ties are loosened by distance and work responsibilities, there is a need for an increased number and array of formal human services to supplement the traditional supports historically provided by extended family and communities.

Within this expanding and diverse community support system, human service workers are found in a multitude of unique settings serving people with a wide variety of problems including: poverty, unemployment, substance abuse, child abuse, chronic illness, domestic violence, homelessness, the challenges of aging, and physical, emotional or cognitive disabilities. These services are being coordinated and provided by staff with diverse backgrounds and levels of

expertise whose roles are increasingly complex and demanding, even as supervision diminishes due to decentralization of work sites and flattening of administrative hierarchies.

These factors have profound implications for the body of knowledge and range of skills necessary to be an effective community based human service worker and for trainers and educators charged with preparing human service workers.

The Bureau of Labor Statistics (Kilborn, 1994) projects a 136% increase in the number of human service workers and a 120% increase in personal and home care aides by the year 2005.

Workforce Characteristics

The Bureau of Labor Statistics (Kilborn, 1994) projects a 136% increase in the number of human service workers and a 120% increase in personal and home care aides by the year 2005. In the related field of health care, the predicted demand for home health aides will soar from 827,000 by the year 2005 compared with 347,000 in 1992 — a 138% increase. These numbers strongly indicate that the human service field, over the next decade, will be in an intense competition for scarce personnel at the entry level.

Based on studies of the human service workforce (Larson, Hewitt & Lakin, 1993), direct support staff in the developmental disabilities sector are predominantly white females, with limited post secondary education between the ages of 18 and 34 years. These demographics pose particular problems for employers and those who rely on these workers, since the proportion of the US population in this age range, 18-34, is expected to drop 19% in this decade. Further, though it is expected that more women will join the workforce over the next decade, most of the increase will be in professional positions.

In 1987, the number of employees providing direct care to persons with mental retardation in community-based residential settings alone (excluding those providing treatment and services in institutional settings and in day and other services) was estimated at 120,000 full time equivalent positions; 80,000 of these positions were held by persons without college degrees (Lakin 1987). Similarly, research suggests that as much as 80% of direct care for persons with severe mental illness is provided by generalists and paraprofessionals (including individuals with bachelor's degrees) (DHHS, 1980).

Further, the entry level workforce is more ethnically and culturally diverse presenting employers with the challenge of managing a more heterogeneous workforce. Also, as is the case in other industries, the ability to understand and use a range of technology is becoming a more important attribute among direct support staff in human services. Such technological competen-

cies will include the ability to work with computers as well as with a range of adaptive devices developed to enhance communication and mobility.

Given these challenges, education, industry and government will need to collaborate in the redefinition and redesign of educational and training programs, the development of workforce incentives such as certification of skill and knowledge, and the creation, expansion and improvement of targeted training and education at the pre-baccalaureate level.

Changes in Human Service Roles in the Next Decade

Changes in the focus and locus of services have also created more decentralized work sites. Implementation of supports in homes, workplaces, schools and communities require that staff work in scattered and sometimes isolated settings. As a consequence, the nature of the work will also change. Instead of being part of a top-down, rule-based structure, staff will more likely be called on to make independent decisions, solve problems and enter into a creative partnership with service participants. At the core of this partnership is the ability to assist people and their families to fashion more responsive and individualized supports by weaving together supports available from specialized human service agencies, generic community services and personal networks of support.

Staff of new support organizations must therefore have capabilities that are different in character than those that are taught in traditional programs. Some of these qualities have been identified by the Family Empowerment Project at Cornell University for people engaged in generic family support (Cochran, 1990). They also represent the competencies that will be required to support people in their homes, at work, and in their communities.

- Ability and commitment to identify strengths in people and groups;
- Genuine respect for diverse perspectives and life styles;
- A capacity to listen and reflect;
- An ability to subordinate one's own ego (to put one's self aside in the interest of the group);
- Skill and creativity in helping people become more aware and confident of their own abilities;
- Appreciation of when to step back and the ability to help the individual or group assume decision-making and action;

Staff will more likely be called on to make independent decisions, solve problems and enter into a creative partnership with service participants.

- Ability to analyze power relationships and help others to do so;
- Knowledge about how to gain access to information;
- Ability to reflect on and criticize ongoing process, including one's own role in those processes.

Newer models for serving people have not evolved as a result of formal policies within service systems, but from grass roots efforts to improve the lives of individuals.

These qualities capture the collaborative nature of the emerging supports approach and focus on "facilitation" rather than on assessment and prescription. Since the new support organizations will have to rely in part on individuals who are already part of the service system and whose training may be at odds with these ends, retraining at all levels will be required.

This reframed role identity also implies that to keep pace with the field, organizations must restructure themselves to permit and encourage the autonomy and creativity of the direct service worker.

Status of Training Programs

It is critical to consider where potential workers will get these skills and how educators and employers can work together to assist workers to make long-term commitments to careers in human service. Presently, within secondary schools there are virtually no opportunities for young people to prepare for occupations in human service. Also, while government and private providers spend enormous sums of money on workforce training, very few of these training opportunities confer credits toward a certificate or degree status.

Further, the skills required of community support workers are not the province of any single academic or professional discipline. In fact, as Knoll and Racino (1994) note, many of the newer models for serving people have not evolved as a result of formal policies within service systems, but from grass roots efforts to improve the lives of individuals. Many of the ideas are alien to professional training programs and in-service training provided by facility-based programs. As a result, there are few forums in which community support workers can obtain the requisite skills for doing their jobs.

Additionally, of the few programs that are currently training people for community support work, many are geared toward post-graduate students. While there is a continuing need for professional staff with graduate level training, our experience suggests that, competency based baccalaureate and pre-baccalaureate programs prepare learners to be effective and competent in the majority of community support service roles.

These problems create a situation where poorly prepared workers have an unrealistic understanding of the work, or cannot meet their job's demands, resulting in premature termination and high turnover (Ebenstein and Gooler, 1994). Simply stated, without more and better educational opportunities for direct services workers, the human service work force will be hopelessly inadequate in both numbers and skills.

III. What is community support work?

The Contemporary Human Service Organization

Recognizing that the long term viability of the standards and their utility in guiding users to the most progressive forms of work, would be highly dependent on anticipating the future direction of human services, the project relied on industry advisors (the Technical Committee), current research, and other strategies to capture important trends. The skill set had to be responsive to major transformations in the industry described earlier, including the movement away from institutional environments toward community based, decentralized locations as a context for service delivery. This therefore narrowed the scope of project job analysis to potential work settings in community based rather than institutional environments.

Also, to facilitate the development of progressive standards, it was necessary for the project to create a working definition of the characteristics of progressive human service agencies (based on information from National Center on Education and the Economy and DOL Office of Work Based Learning and O'Brien and O'Brien, 1993). This

definition of progressive human service organizations includes the following characteristics:

Characteristics specific to human services organizations:

- Emphasis on consumer empowerment (customer-driven);
- Presence of creative, holistic planning processes to assist people and families in creating individualized supports;
- Use of an integrated approach where the service participant is perceived and supported in the context of her family, friends and community;
- Explicit mission and principles to guide the provision of support;
- Emphasis on the strengths, gifts and potential of people who are served and the removal of any barriers to full participation and inclusion in society;
- Investment in staff development and continuity (investing in human capital);
- Decentralized authority and responsibility with clear leadership;
- Organization of resources in flexible ways to ensure responsiveness to the evolving life situations of service participants;

General characteristics:

- Flat organizational structure;
- Cross functional communication;
- Integration of work as a whole job rather than discrete tasks;
- Communication flow up and down the chain of command;
- Encouragement of job flexibility and rotation;
- Supervision that emphasizes coaching rather than discipline;
- Openess to conflict and disagreement;
- An organizational culture that emphasizes quality, performance and productivity.

This working definition was circulated to project collaborators who assisted us in identifying workers to participate in the job analysis project phase.

The Community Support Human Service Practitioner

The Community Support Skill Standards Project elected to focus on creating standards for the most prevalent gateway occupation in the human services field, the direct service worker. As the name implies, workers in this role have the most direct responsibility and contact with human service participants and the greatest impact on the service outcomes. While incumbent workers in this role have a wide range of educational backgrounds, a baccalaureate degree is usually not a requirement. Also, there are more workers in the direct service category than any other role in human services and this role occurs in almost every human service setting throughout the United States. These criteria support the project goal of encompassing a broadly defined occupational area that does not require a B.A. degree. Until now, there have been no nationally developed standards for this critical role.

The direct service role crosses a variety of job titles and differs functionally in some respects across work settings and populations served. The project's intent, however, was to engineer a unified set of skill standards targeted to the core of skills common to all direct service workers regardless of their specific job title, work setting, or population served. The challenge in this approach was to capture this "core occupation" in standards that are useful to a wide range of potential users while remaining robust in content and depth. This challenge, coupled with our anticipation of industry trends, influenced the types of direct service occupations that were included in the project. The consensus of project staff and the Technical Committee was to exclude from the job analysis human service roles in institutional settings, those involving significant administrative tasks, and those with a strictly custodial emphasis, given that the skills needed in these contexts are qualitatively different from community support work.

The title given to the core direct service occupation is the *Community Support Human Service Practitioner (CSHSP).* The Community Support Skill Standards are aimed at those workers in human service who provide direct help within a community setting to individuals, families, or groups of individuals with extraordinary support needs. An extraordinary support need is defined as any need, other than income maintenance or health care, that cannot be met by available natural supports. The definition excludes occupations in institutions or secure settings and those occupations that are strictly administrative.

For planning our job analysis, the community support occupation was divided into six major functional work domains:

The Community Support Skill Standards span a cross-cutting core occupation that captures skills common to direct service roles with differing populations in different settings.

Community Service Broker This category includes a range of coordinating and organizing functions including service brokering/case management and family support.

Social/Interpersonal/Behavioral Supports This category includes a range of functions directed at teaching skills and/or providing therapeutic assistance and includes such areas as early intervention and the psycho-social clubhouse model.

Residential Supports This functional cluster includes a range of activities that support people in their homes such as live in support and residential management.

Personal Assistance This functional cluster includes all of those activities that involve personal support for an individual in the home, on the job or in the community. People with physical disabilities often rely on personal assistants to help with such activities as housekeeping and personal grooming.

Employment Supports This category includes a variety of job related supports including job coaching and mentoring, and job development.

Leisure/Recreation Supports This category includes a range of support personnel who function in leisure settings including recreational programs, camps, etc.

Some typical job titles that are encompassed in these domains include:

advocate
case manager
child care worker
companion for persons with HIV/AIDS
counselor
early intervention worker
family support worker
housing specialist
outreach worker
peer facilitator
personal support assistant
residential counselor
shelter worker
substance abuse counselor
supported work coach
vocational counselor

This is not an exhaustive list; it is intended to convey a sense of the range and depth of community support work. Because the core occupation targeted by the standards represents a composite of many diverse human service jobs, it is likely that some aspects of the resulting standards may not be as meaningful as others within a specific job application.

Values and Vision in Human Service

Through the course of this project, the excitement and commitment of human service workers to the people they support was evident in their discussions of their work and its requirements. It was also striking to note the similarity among direct service workers across the nation in the beliefs and values that guide their daily work. These beliefs and values are woven throughout the Community Support Skill Standards and are, in many ways, what make the human service work different than other endeavors and industries.

Human service workers are not operating in a "product" environment. The essence of their work is to support and assist vulnerable people. We asked over 80 workers who participated in the job analysis phase of the project to find a way of succinctly defining the core of their role and their definition reflects a vision of partnership, productivity, empowerment and community interdependence. This was their definition:

> ***The Community Based Human Service Practitioner assists the participant to lead a self-directed life and contribute to his/her community; and encourages attitudes and behaviors that enhance inclusion in his/her community.***

The people who assume the support role on a daily basis must, by necessity, examine and call on deeply held values and beliefs as well as a creative vision to assist them in the complex work they perform and in the personal interactions that are the every day stuff of their work. The beliefs and attitudes that are associated with being an effective human service worker are the cornerstones of these standards.

Concepts and practices such as empowerment, partnership, creativity, reflection and respectful and skillful communication permeate the topics and competencies addressed in the Community Support Skill Standards. These are the essential tools of people who work with people who are disabled and disadvantaged. Throughout this project we have challenged people who use human services (participants), human service practitioners and other collaborators to express these values in ways useful to the educators and workers who will be guided by the outcomes of the project. A statement of this shared consensus, Community Support Work: Vision and Values, is found in Appendix C.

IV. How were the standards developed?

Analyzing the Work of the Human Service Practitioner

In order to create benchmarks of excellence for Community Support Human Service Practitioners, it was necessary to conduct an in-depth job analysis. For this purpose, the Technical Committee members were asked to identify "master" human service workers to come to workshops and talk about their jobs. The criteria used to recognize a "master worker" included, among other factors, sufficient job tenure and peer and supervisor recognition as a very competent worker. Technical Committee members and others who helped were asked to consider the characteristics of high performance human service agencies (described above) when making recommendations for the worker sample.

We invited human service workers in diverse roles to workshops held in four locations across the country to help us learn about their work. The presence of a sufficiently diverse group of workers was essential to our hypothesis that there is a skill set common to staff serving different populations in different jobs. To ensure role diversity, we constructed a matrix of possible human service jobs considering factors such as the six functional work clusters, population served, job title and characteristics of the workplace setting.

The process of job analysis followed a modified DACUM (Developing a Curriculum, 1990) model which leads workers through a series of structured activities to define the major competencies and work activities demanded on their jobs and to associate the skills, knowledge and worker attributes most critical to success on the job. Additionally, workers engaged in an exercise to define their role in a succinct fashion (see definition above) and discuss the trends and values shaping their roles. Workshops were held in four locations, Detroit, Austin, Seattle, and New York City. The results of these workshops were then synthesized in a fifth workshop whose participants included representatives from the first four workshops plus educators, consumers, and providers (see Appendix B). The product was a list of duties, tasks, and relevant knowledge and attributes. (see Appendix D).

Validation of the Job Analysis

The information resulting from the synthesis workshop was validated through an extensive national survey process with over 1000 respondents involved with human services. The results

of this survey confirmed the authenticity of the competencies and associated activities that comprise the human service practitioner role as identified through the job analysis.

Writing the Standards

This validated job analysis provided the raw material for the Standards Development Team which was comprised of key stakeholders from across the nation including consumers, providers, educators, trainers, and family members. This team met twice over a three month period and held several conference calls culminating in a rough draft of the Community Support Skill Standards.

Validating the Standards

Project staff then convened a series of validation workshops in four locations throughout the United States to review the standards and to make recommendations to the Technical Committee. Validation workshops were organized around stakeholder groups to ensure clarity of the responses. Thus the New York workshop was limited to human service workers; in Austin we invited providers; in Chicago participants (people who use human services) and family members were invited; and in Tacoma, the workshop included teachers and trainers. Workshop participants followed a structured format to examine the content of the standards and record their observations. The results of these workshops were synthesized and integrated into the standards in a final development workshop involving the project's Technical Committee in May of 1995 in Washington, DC.

V. Introduction to Skill Standards

It is important for the potential user to understand that The Community Support Skill Standards are *not minimal standards*. These standards were benchmarked to a "master worker" level. The master worker is an experienced worker, who is recognized by peers and supervisors as skilled and competent.

The Community Support Skill Standards are organized around twelve broad, functional themes of human service work. These themes were identified in the Job Analysis phase of the project and are called competency areas in our standard unit. They are as follows:

1. PARTICIPANT EMPOWERMENT
2. COMMUNICATION
3. ASSESSMENT
4. COMMUNITY AND SERVICE NETWORKING
5. FACILITATION OF SERVICES
6. COMMUNITY LIVING SKILLS AND SUPPORTS
7. EDUCATION, TRAINING & SELF-DEVELOPMENT
8. ADVOCACY
9. VOCATIONAL, EDUCATIONAL, AND CAREER SUPPORT
10. CRISIS INTERVENTION
11. ORGANIZATIONAL PARTICIPATION
12. DOCUMENTATION

The standard unit is composed of the following components: competency areas, skill standard statements, activity statements, and performance indicators. These components are organized from the most general to the most specific.

The twelve ***competency areas*** define broad areas of functional responsibility for the range of job activities that are typically performed by a Community Support Human Service Practitioner (CSHSP).

Skill standard statements describe a set of job functions related to the associated competency area and are intended to provide a comprehensive description of the job functions that fall under each of the competency areas. Each of the skill standards statements is linked to one or more activity statements.

Activity statements describe some of the specific tasks or work activities that a CSHSP would undertake to fulfill the job functions described in the skill standard statement. The activity statements provide a representative (not intended as a comprehensive or exhaustive) sample of relevant activities illustrating the associated skill standard statement.

Each of the activity statements has one or more corresponding performance indicators. Activity

statements reflect what human service practitioners do.

Performance indicators are a means of determining if the CSHSP can actually perform the activity. Performance indicators, therefore, provide a way to measure performance. Performance indicators are statements that create a link to specific forms of performance-based assessment for each of the activities, but while they have been validated as meaningful indicators of performance at the expert level, they have not been "normed" to establish statistically reliable measures of mastery of the associated standards and activities.

The performance indicators are not intended to be a comprehensive or exhaustive description of all of the ways that work performance can be measured. It is important to note that performance indicators have been written to exemplify the many creative strategies an instructor or trainer could employ as assessment methods in a range of possible learning environments (work based and classroom). Some performance indicators involve direct observation by instructors or work supervisors, some incorporate the reports of consumers and families about a CSHSP's work performance, and others involve self-reports. Some of the performance indicators involve "on-demand" performance-based assessments (e.g. using work vignettes to obtain learner responses to simulated work situations) while others use cumulative records of performance (e.g. portfolios). This variety of indicators is intended to assist the educator or trainer in devising creative approaches to assessing competence.

SAMPLE STANDARD UNIT

COMPETENCY AREA 1:

Participant Empowerment

The competent community support human service practitioner (CSHSP) 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.

SKILL STANDARD A:

The competent CSHSP assists and supports the participant to develop strategies, make informed choices, follow through on responsibilities, and take risks.

ACTIVITY: The competent CSHSP assists the participant to identify alternatives when faced with the need to make a decision.

- *The participant reports that the CSHSP has helped him or her identify alternatives when making a decision.*

Competency areas define broad areas of the practitioner's work responsibilities

A **skill standard** statement describes a job function related to the associated competency area.

An **activity statement** describes a specific work activity that a practitioner would undertake to fulfill the skill standard.

Performance indicators offer a way to measure the practitioner's mastery of a work activity.

VI. What are the next steps?

Standards-Based Reforms in Education

There is a growing movement to hold all educational institutions accountable for improved student learning outcomes. Similar concerns for outcome-based evaluation have already taken hold in the health care and human service arenas. This outcomes orientation to quality improvement has already gained significant influence among secondary school educators responding to concerns of employers that workers are ill prepared to meet the challenges of work in the post-industrial economy.

Colleges and universities today also face a significant crisis. There is ample data to suggest that the expenses of colleges and universities are outstripping revenues and that they can no longer pass their costs on to students and their families or to federal or state governments.

While it is unclear what role the federal government will play in implementing standards, the availability of nationally validated academic and skill standards offer guidance and enrichment to educational reform efforts and provide a collaborative role for employers.

In order to adapt to cost pressures and demonstrate quality and value, secondary and postsecondary schools are likely to shift their traditional focus from teacher and faculty productivity to student learning outcomes. This shift will entail changes in faculty roles and rewards, curriculum design and practices, and in the assessment of learner outcomes. Postsecondary institutions are already turning to interactive technologies to re-design instruction and improve student outcomes. Computer-based simulations will enable faculty to develop more sensitive and sophisticated performance-based assessments to support academic and industry specific skill standards. The trend toward distributed and long-distance learning environments is only likely to increase as cost pressures increase.

Implementing the Standards in Educational and Training Contexts

A number of activities have been undertaken to begin the implementation of the Community Support Skill Standards in secondary and postsecondary educational contexts. These activities include: examining the fit between the Community Support Skill Standards and standards developed by the Council for Standards in Human Service Education, a major accrediting body for human service education programs; conducting Implementation Demonstration Projects (see Appendix F) to determine the barriers and path-

ways to effective use of the standards in actual training and educational environments; establishing an Education and Training Team that will assist in the development of guidelines for educators and trainers hoping to implement these standards; developing a prototype of a computer-based curriculum resource guide to assist faculty to infuse current work-based training activities in their courses; and promoting the development of a nationally recognized "Certificate of Mastery".

In summary, we expect that these standards will be useful to a variety of audiences.

- Human service providers can be assured that these validated, state of the art practices will provide critical material for staff training and development activities and will guide their organization to progressive strategies for facilitating desirable service outcomes.
- Managed care organizations and other large service providers seeking to certify the competence of staff from diverse backgrounds, organizations and roles will find that these standards provide a useful framework.
- Human service educators can examine existing programs and curricula through the lens of these competencies to determine where gaps exist and to infuse or redesign curricula to make it more relevant.
- Secondary school educators can use these standards to structure School to Work , Tech-Prep and other innovative programs to introduce students to work life. These standards also provide educators with a context for helping students master a number of highly cross-functional skills needed in any occupation such as the communication, resource allocation and team skills that are described in these standards.
- One stop employment centers can use these standards to guide people entering the work force, or displaced workers to careers in human service and to certify the adequacy of training programs offered by third party vendors.
- Consumers and families can judge the efficacy of staff performance and the adequacy of agency staff training using the standards as guidelines.
- Policy makers at the state and national level can use the Community Support Skill Standards as the architecture for a program of certification for direct service practitioners.

These standards offer a glimpse into the future —resonating with the most progressive practices and interpretations of the direct service role on the contemporary human service scene.

The full realization of the competent and empowered practitioner envisioned in these standards will depend on the many key system actors making a visible commitment to strengthening and advancing the direct support worker and realigning policy accordingly. Such a commitment would include:

1) The development of a national direct service work association with the goal of improving access to educational opportunities and the development of a nationally recognized certificate of mastery. Such an alliance might embrace a number of strategies to advance the profession, including the updating of the national standards as needed.

2) The support of research into the relationship between the skill standards and consumer outcomes, and the "norming" of performance indicators for various levels of mastery.

3) The support of the development of more specialized standards to supplement the core standards identified in the project, (e.g., standards reflecting the specialized skills needed in each of the six occupational work clusters identified by this project).

4) Employers must:

- Establish career paths and incentives for direct support workers linking pay increments to the mastery of desired competencies.
- Develop well planned training programs linked to academic programs offering credits and degree status for interested workers.
- Align organizations to ensure the empowerment and full participation of qualified direct support workers in team planning and all other aspects of organizational life.

We welcome your views on these standards.

COMPETENCY AREA 1:

Participant Empowerment

The competent community support human service practitioner (CSHSP) 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.

▲ ***Angel skiing with actor David Hasselhoff***

SKILL STANDARD A:

The competent CSHSP assists and supports the participant to develop strategies, make informed choices, follow through on responsibilities, and take risks.

ACTIVITY: The competent CSHSP assists the participant to identify alternatives when faced with the need to make a decision.

- *The participant reports that the CSHSP has helped him or her identify alternatives when making a decision.*

ACTIVITY: The competent CSHSP assists the participant to understand the potential outcomes of all alternatives and helps identify potential barriers.

- *The participant reports that the CSHSP assisted him or her to see the consequences of specific courses of action.*
- *Given a scenario, the CSHSP cites barriers that limit choices for participants and describes ways to overcome those barriers.*

ACTIVITY: The competent CSHSP balances support for the participant's stated choices with considerations of professional responsibility and ethics, as well as potential risks.

- *The CSHSP can describe specific examples in which professional ethics and responsibilities are potentially in conflict with participant choices or preferences, and uses problem solving skills to resolve such conflicts.*

ACTIVITY: The competent CSHSP assists the participant to identify personal, civic, and interpersonal responsibilities, and to develop strategies to meet them.

- *The participant reports that the CSHSP has helped him or her sort through priorities and develop strategies to meet responsibilities.*

"...I harbor no illusions that I can empower anyone. I can take obstacles to clients' self-empowerment out of their way, and I can sometimes facilitate or trigger clients' abilities to express powers they have had but kept hidden, often from themselves as well as others."

— C.L. Vash (1992) Thoughts To Share With Educators: On Teaching "Consumerism" to Rehabilitation Students, *Rehabilitation Education.*

SKILL STANDARD B:

The competent CSHSP promotes participant partnership in the design of support services, consulting the person and involving him or her in the support process.

ACTIVITY: The competent CSHSP supports the involvement of the participant in goal development meetings by explaining the content of the meeting beforehand, providing opportunities for participation during the meeting, and encouraging others to respect the preferences of the participant.

- *The CSHSP can describe a typical goal planning process and can provide examples of techniques that have worked to enhance the partnership of participants in the process.*

ACTIVITY: The competent CSHSP assists the participant to make informed choices about the design of supports by encouraging the participant to explore a range of options and encouraging the participant to think about his or her ambitions, aspirations, and hopes for the future.

- *The participant reports that the CSHSP has assisted him or her to make informed decisions about the support he or she needs to reach his or her goals.*
- *The CSHSP demonstrates through role play techniques effective strategies to enhance participant's ability to make decisions about support, treatment or services.*

ACTIVITY: The competent CSHSP schedules or encourages others to schedule meetings at times convenient to the participant and assists in structuring the meeting in a fashion that maximizes the participant's expression and participation.

- *The CSHSP can describe examples of ways in which he or she facilitated participant involvement in goal planning meetings.*

SKILL STANDARD C:

The competent CSHSP 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.

ACTIVITY: The competent CSHSP provides information to the participant regarding options for peer support and self-advocacy groups and the potential benefits of participation.

- *The CSHSP can identify major self-help and self-advocacy organizations that are relevant to the needs of the participants.*
- *The CSHSP maintains a file of participant referrals to self-help and self advocacy groups and provides evidence (e.g., portfolio, participant report) of supporting participation when needed.*

"We speak for ourselves ...no one else can speak for us."

—Chamberlin, Judi (1984). Speaking For Ourselves: An Overview of the Ex-Psychiatric Inmates Movement. *Psychosocial Rehabilitation Journal.*

ACTIVITY: The competent CSHSP encourages the participant, to participate in opportunities that will facilitate assertiveness and self-esteem.

- *The CSHSP, given specific scenarios, can describe activities that will enhance the participant's assertiveness and self esteem.*

ACTIVITY: The competent CSHSP creates opportunities for the participant to speak for him or herself and collaborates with other service providers to facilitate self-advocacy in a range of settings (e.g., meetings, personal relationships, etc.).

- *The participant reports that the CSHSP is open to and actively solicits feed-back from the participant and respects his/her concerns.*

"In a developmental screening, a two year-old child could not build a tower with blocks. I left a set and told the parents to work with the child in a quiet, stress-free situation. When I checked on the next visit he built an eight-block tower and clapped for himself."

—a Kansas City parent educator, in *Helping Children by Strengthening Families: A Look at Family Support Programs. (1992)*

SKILL STANDARD D:

The competent CSHSP 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.

ACTIVITY: The competent CSHSP and the participant seek current information on human, legal, and civil rights and other relevant resources.

- *The participant reports that the CSHSP seeks current information on human, legal, and civil rights and other relevant resources.*
- *The CSHSP describes the relevant legal and civil rights provisions that affect participants.*

ACTIVITY: The competent CSHSP makes referrals as appropriate to advocacy or legal/civil rights agencies with the informed consent of the participant.

- *The participant reports receiving appropriate referrals to advocacy or legal/civil rights agencies as needed.*

ACTIVITY: The competent CSHSP assists, encourages, and supports the participant to be involved in civic activities of their choice and makes arrangements as needed to enable participation.

- *The CSHSP provides examples of the ways in which participants are involved in the civic life of their communities.*
- *The CSHSP maintains a file of civic opportunities available in the community.*

ACTIVITY: The competent CSHSP assists the participant to gather information and explore options and alternatives within the community related to living, work, and social relationships.

- *Participants report that the CSHSP has assisted them to gather information and explore options that have helped them to make decisions about their lives.*

"By empowerment I mean connecting with a community of peers and caregivers on a mutually respectful level, and fully participating in the decisions affecting one's life."

—Daniel Fisher, M.D., Ph.D. (1993) "How Community Psychiatrists and Consumer/Survivors Can Promote Mutual Empowerment."

COMPETENCY AREA 2

Communication

The community support human service practitioner should be knowledgeable about the range of effective communication strategies and skills necessary to establish a collaborative relationship with the participant.

▲ ***Amber using computer assistive technology with her head.***

SKILL STANDARD A:

The competent CSHSP uses effective, sensitive communication skills to build rapport and channels of communication by recognizing and adapting to the range of participant communication styles.

ACTIVITY: The competent CSHSP uses active listening skills that are sensitive to cultural and individual communication differences.

- *CSHSP is observed using active listening skills (e.g., nodding head, statements seeking clarification of information or paraphrasing his or her understanding of issues) and demonstrating sensitivity to cultural or disability differences.*

ACTIVITY: The competent CSHSP gives feedback promptly and with sensitivity to a person's cultural background and personal experiences, and is open to receiving and acting upon feedback.

- *CSHSP is observed giving, receiving and acting upon feedback promptly and with sensitivity to an individual's experiences and cultural background.*

ACTIVITY: The competent CSHSP manages conflict by using appropriate conflict resolution skills.

- *The CSHSP demonstrates through simulation (or other demonstrations such as role play) the communication skills required to manage conflicts involving the participant.*

ACTIVITY: The competent CSHSP shows respect for others through consistent use of "people first" language.

- *Through written and oral communications the CSHSP demonstrates the use of language that is respectful of the individual, emphasizes capabilities, and is non-discriminatory.*

ACTIVITY: The competent CSHSP facilitates participant's communication and empowerment of participants by supporting and engaging in effective communication.

- *Given a role play situation, the CSHSP demonstrates communication strategies which facilitate the participant's empowerment.*

SKILL STANDARD B:

The competent CSHSP has knowledge of and uses modes of communication that are appropriate to the communication needs of participants.

ACTIVITY: The competent CSHSP assesses participant's dominant modes of communication by interacting with the participant, interviewing others who know the person well, and/or arranging for formal assessments.

- *The CSHSP demonstrates knowledge of reports or observations which identify the communication skills and needs of the participant.*
- *The CSHSP documents the communication skills and needs of the participant.*

ACTIVITY: The competent CSHSP uses alternative communications (e.g., sign language) or other languages, gains access to interpreters, or can employ or secure augmentative communications and assistive technology devices (e.g., TDD, computers) as appropriate.

"A person unaccustomed to sharing a dream needs a careful listener. A person whose dream calls for a change in his relationship with an important helper, needs respectful validation and the listener's willingness to figure out a changing relationship."

—from *Remembering The Soul Of Our Work: Stories by the Staff of Options in Community Living*, John and Connie Lyle O'Brien, editors.

"Leadership among people with disabilities and their families will be an important ingredient in the support systems of the future. However, such leadership must be nurtured and developed at the grassroots level to ensure that new, more participatory approaches do not result in tokenism or pre-emption."

—Valerie Bradley, *Creating Individual Supports for People with Developmental Disabilities: A Mandate for Change at Many Levels.*

- *The participant has accessed and can demonstrate the use of communication devices/styles that meet his or her needs as a result of the CSHSP's intervention.*

SKILL STANDARD C:

The skilled CSHSP learns and uses terminology appropriately, explaining as necessary to ensure participant understanding.

ACTIVITY: The skilled CSHSP understands meaning of technical terms in the field.

- *Given a list of technical terminology (e.g. adult daily living, learning disabled, etc.), the CSHSP accurately provides definitions and describes appropriate uses of these terms.*

ACTIVITY: The skilled CSHSP uses terminology appropriately and accurately in work environments such as team meetings, case conferences, written correspondence, supervisory meetings, etc.

- *A review of the CSHSP's written documentation shows that the CSHSP technical terminology was used in an appropriate manner.*
- *The CSHSP's supervisor and/or tenured peers report that the CSHSP used terminology appropriately and accurately in team meetings and case conferences.*

ACTIVITY: The skilled CSHSP uses terminology appropriately, accurately, and sensitively with participants, their families, and their social network in order to facilitate their decision-making, self-evaluation, and goal setting.

- *The participant and his or her family/friends report that the CSHSP used technical terminology in an appropriate, accurate and sensitive manner.*

COMPETENCY AREA 3:

Assessment

The community support human service practitioner should be knowledgeable about formal and informal assessment practices in order to respond to the needs, desires and interests of the participants.

▲ ***Otis Kendall and his sister Quiana relax after school.***

SKILL STANDARD A:

The competent CSHSP 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, evaluation results, additional evaluation) and informing the participant about what to expect throughout the assessment process.

ACTIVITY: The competent CSHSP respects the balance between an assessment of needs and the importance of identifying and supporting the participant capabilities and strengths.

✔ *All verbal and written assessments completed by the CSHSP reflect both the strengths and needs of participants in a respectful manner emphasizing the participant's capabilities.*

ACTIVITY: The competent CSHSP initiates and identifies assessments that are relevant to the participant's goals, interests, and preferences and that are consistent with relevant professional practice.

"Rehabilitation services are currently being buffeted by powerful forces, including recipient empowerment, cost containment, and accountability. These forces are causing us to focus increasingly on the issue of what rehabilitation actually achieves for service recipients, and how those achievements can be identified and measured."

—Robert L. Schalock, "Assessment of Natural Supports in Community Rehabilitation Services" in *Community Rehabilitation for People with Disabilities,* Koran and Greenspan (1995).

- *The participant and his/her family/friends report that the CSHSP begins the assessment process by eliciting from the participant his/her ideas about desired goals.*
- *All written and verbal assessments completed by the CSHSP are within the guidelines, policies and procedures of the agency, and ethical standards of the profession as appropriate.*

ACTIVITY: The competent CSHSP recognizes ethical conflicts related to assessment practices (e.g., labeling, confidentiality).

- *The CSHSP's supervisor and/or tenured peers report that the CSHSP discussed with them the potential ethical conflicts related to assessment practices.*
- *The CSHSP disseminates assessment information only to those people or agencies that are authorized to receive such information.*
- *The CSHSP is observed using assessment information in a responsible manner and conveying results to the individual and his/her family/friends in a clear and non-stigmatizing manner.*

ACTIVITY: The competent CSHSP explains the assessment process to the participant in a manner that's clear and understandable.

- *The CSHSP is observed explaining the assessment process in an understandable manner.*

ACTIVITY: The competent CSHSP obtains background information, prior records and evaluation results as needed with participant's informed consent and while maintaining confidentiality.

- *The CSHSP obtains written or verbal informed consent, before initiating formal and informal assessments with a participant.*
- *Given informed consent, the CSHSP reads and verbally reports/discusses pertinent historical information (e.g., housing issues, legal issues, etc.) regarding the participant with his/her supervisor and the participant.*

- *Completed assessments include a participant's pertinent historical background information.*
- *In accordance with federal and state statutes/regulations and agency policies, and as reported by the participant, his/her family/friends and the supervisor, the CSHSP maintains the confidentiality of all assessment information.*

SKILL STANDARD B:

The competent CSHSP 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.

ACTIVITY: The competent CSHSP gathers assessment information in an accurate, objective and unobtrusive manner.

- *The supervisor determines that the CSHSP has gathered accurate assessment information.*
- *When compared to the same assessment completed by a tenured peer, the structure and logic of the CSHSP's assessment are similar.*
- *The CSHSP seeks feedback from tenured peers, the participant, the participant's family/friends and his/her supervisor on the accuracy of the completed assessment.*
- *The CSHSP discusses with his/her supervisor, the participant and his/her family/friends potential cultural biases related to informal and formal (standardized assessments - e.g. IQ tests, MMPI) assessments.*
- *Verbal and written assessment reports completed by the CSHSP are free from bias (e.g., cultural, gender, age, sexual orientation).*
- *The CSHSP's supervisor and peers report that the CSHSP has discussed his/her own biases and values and recognizes how these biases can influence the assessment process.*

"To discover a new way of coming to know their clients as people, the participating staff must be introduced to a tool that is grounded in the values, beliefs, and assumptions of typical citizenship and community."

—Jerry Kiracofe in *Creating Individual Supports for People with Developmental Disabilities: A Mandate for Change at Many Levels* (1994).

ACTIVITY: The competent CSHSP recognizes his/her limitations regarding assessment and seeks additional assessment information and resources.

- *The participant, supervisor and family/friends report that the CSHSP requested additional assessment information/resources when completing, reviewing or analyzing assessments.*

ACTIVITY: The competent CSHSP gathers information about the participant's capabilities, behaviors and skills in a number of environments, and synthesizes this information into an individualized action plan.

- *The CSHSP records reflect that he or she has gathered assessment information on capabilities, behaviors and skills in those environments in which the skills are to be used.*
- *Assessments completed by the CSHSP include recommendations for supporting the participant across relevant environments.*

ACTIVITY: The competent CSHSP consults with the participant and individuals designated by the participant including support team members to review and modify the assessment process.

- *The CSHSP's supervisor and tenured peers report that the CSHSP has discussed assessment procedures before determining what, when and how assessments will be completed.*
- *The participant reports that the CSHSP consulted him/her regarding the assessment process.*
- *When indicated, family/friends report that the CSHSP consulted them regarding the assessment process.*

SKILL STANDARD C:

The competent CSHSP discusses findings and recommendations with the participant in a clear and understandable manner, following up on results and reevaluating the findings as necessary.

ACTIVITY: The competent CSHSP gives and receives feedback on results of assessments and

"As we have moved away from traditional assessment and intervention paradigms toward more functional orientations, we have gained a greater appreciation of communication as a dynamic process."

—Stephen N. Calculator, "Communication Sciences" in *Community Rehabilitation Services for People with Disabilities* (1995).

discusses advantages and disadvantages of various assessment options with the participant and members of his or her family/friends as appropriate.

- *The participant reports that the CSHSP discussed the results and recommendations in an understandable fashion.*
- *The CSHSP documents how and when he/she discussed assessment results and recommendations with the participant and his/her family/friends.*
- *The participant and his/her family/friends report that the CSHSP discussed and received feedback regarding the assessment results and recommendations.*

ACTIVITY: The competent CSHSP helps the participant to use findings of the assessments to develop strategies for obtaining needed resources and supports.

- *The CSHSP develops or contributes to a written action plan with the involvement of the participant and his or her family/friends that incorporates findings of the assessment and resources.*
- *The participant reports that the CSHSP assisted him/her in obtaining needed supports designed to achieve personal goals.*

ACTIVITY: When a participant disagrees with the result of the assessment, the competent CSHSP assists the participant to advocate for his or her position.

- *The CSHSP can document instances where he or she arranged for an opportunity (e.g., meeting, informal discussion, mediation, grievance procedure) for the participant to voice his/her concern regarding the assessment results and or recommendations.*

"Strengths assessment requires that an intimate working relationship be developed between the case manager and the client which spotlights the individual as a complete person with needs in many life domains."

—Norma Radol Raiff (1992) "Curriculum for Community Based Adult Case Management Training."

ACTIVITY: The competent CSHSP makes a determination about the validity of the assessment findings based on knowledge of the participant and the environment, and communicates his/her judgment to the participant and support team effectively.

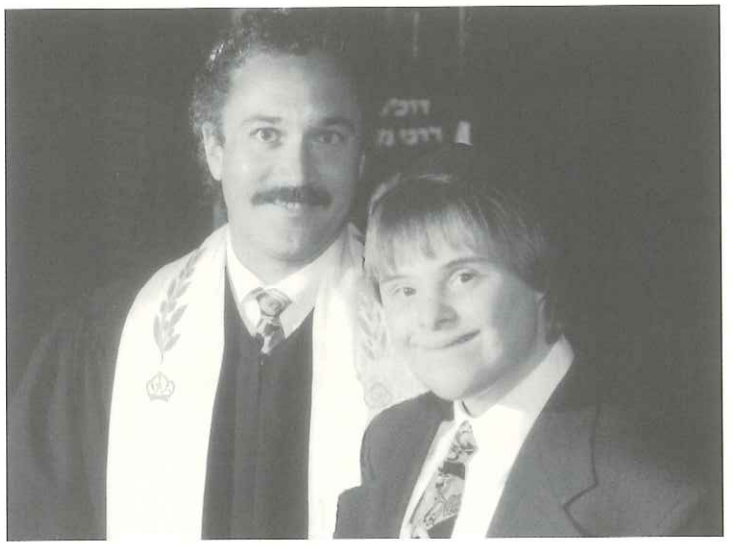
- *Given a scenario, the CSHSP describes the validity and appropriateness of the assessment results and recommendations.*
- *The CSHSP's supervisor, the participant and their family/friends report that the CSHSP communicated his/her determination regarding the validity of assessment findings.*

▲ ***Mike using adaptive technology to talk to visitors at a State Park Ranger Station***

COMPETENCY AREA 4:

Community and Service Networking

The community support human service practitioner 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.



▲ ***Full participation in community life often involves spiritual enrichment.***

SKILL STANDARD A:

The competent CSHSP 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.

ACTIVITY: The competent CSHSP uses formal sessions and informal meetings (at home, during leisure activities, etc.) with the participant to learn about the participant's needs, preferences, strengths, and potential supports.

- *CSHSP documents when, with whom, where the information was gathered and describes the needs, preferences, strengths and potential supports of the participant by using the person's terminology and expressions as appropriate.*
- *Participant expresses satisfaction that his/her needs, preferences, strengths and potential supports have been accurately identified (i.e., formal and informal interviews and survey).*

"...rediscovering the importance for all people of being and feeling embedded in a web of personal relationships, an essential element we somehow neglected in our enthusiasm to build what we conceived to be caring systems."

—David B. Schwartz in *Crossing The River: Creating a Conceptual Revolution in Community & Disability (1992).*

ACTIVITY: The competent CSHSP, in collaboration with the participant, visits with family/friends to gather information and support.

- *CSHSP documents that the availability of family/friends is explored.*
- *CSHSP produces a summary of visits and information gathered from family/friends.*

ACTIVITY: The competent CSHSP incorporates relevant background information (social, history, other records, assessments, etc.) into his or her understanding of the participant.

- *CSHSP can provide examples of information collected (social history, other records, assessments, etc.) which inform the goal setting process for particular participants.*

ACTIVITY: The competent CSHSP assists the participant to make linkages, and provides support to enhance the use of informal supports in his or her community and neighborhood.

- *The participant reports an increase in frequency and number of contacts with informal supports in the community and neighborhood as assisted by the CSHSP.*
- *CSHSP can provide specific examples of the ways in which he or she has supported individuals in making linkages with informal supports in their communities (i.e., strategies for relationship building, transportation and social and counseling resources).*

ACTIVITY: The competent CSHSP is active in community and neighborhood events, organizations, and associations and is knowledgeable about community and neighborhood resources.

- *CSHSP has lists of community and neighborhood resources.*
- *CSHSP records regular attendance at community, organization and association events.*

SKILL STANDARD B:

The competent CSHSP researches, develops, and maintains information on community and other resources relevant to the needs of participants.

ACTIVITY: The competent CSHSP knows how to secure current information about generic community resources (e.g., transportation, recreation, social organizations, etc.) and makes this information available to participants.

- *The CSHSP researches, compiles, and keeps an up-to-date portfolio of relevant community and resource information that is responsive to the participants' needs and preferences.*
- *The participant states that this information is provided to him or her in a timely manner and is useful to his or her needs.*

SKILL STANDARD C:

The competent CSHSP ensures participant access to needed community resources coordinating supports across agencies.

ACTIVITY: The competent CSHSP identifies factors that help or hinder utilization of community resources, and uses this information to overcome barriers through problem solving and the development of alternative strategies.

- *Given a scenario, the CSHSP develops an analysis of the potential obstacles and opportunities to utilizing agency and community resources, including problem solving and alternative strategies.*

ACTIVITY: The competent CSHSP collaborates and shares information with staff in external service and support organizations.

- *CSHSP provides examples of collaborative relationships that resulted in participant access and support.*

ACTIVITY: The competent CSHSP supports the participants in making contacts with other agencies and personally intervenes when necessary to ensure that the participant gains access to needed resources.

- *The participant reports making successful connections with the internal and external service and support organizations.*
- *CSHSP maintains a record of feedback (e.g., a folder of letters, logs) from the internal and external community resources.*

"Service provision is based on individual desires and needs rather than categorical groupings or diagnoses."

—G. Wright, (1980) *Total Rehabilitaiton*

ACTIVITY: The competent CSHSP communicates as needed with staff of his or her organization to ensure participant access to agency wide resources and makes recommendations to close gaps in agency resources.

- *The CSHSP summarizes internal agency resources and provides evidence of appropriate referral and where indicated provides examples of program modifications he or she has suggested.*

SKILL STANDARD D:

The competent CSHSP participates in outreach to potential participants.

ACTIVITY: The competent CSHSP collaborates with other staff in the agency to develop an organizational strategy for outreach.

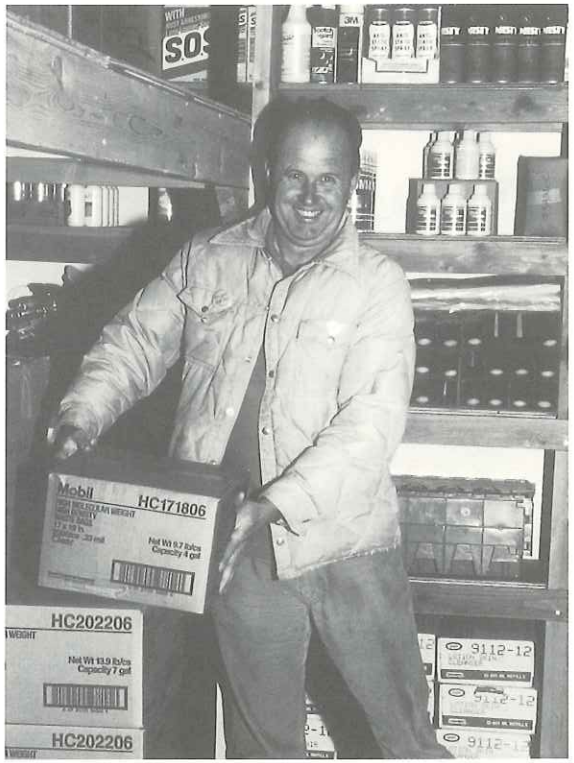
- *The supervisor reports that the CSHSP participates in the planning process to develop an organizational plan for outreach (i.e., written and verbal marketing information, targeting outreach groups, methods of dissemination of information).*

ACTIVITY: The competent CSHSP, as appropriate, networks with other community agencies to identify potential participants.

- *The CSHSP maintains a record of contacts and outcomes with community agencies to identify potential participants.*

ACTIVITY: The competent CSHSP, when indicated, participates effectively in community education programs geared to participant outreach.

- *The presentation skills of the CSHSP were rated as effective by the sponsor of the education program.*

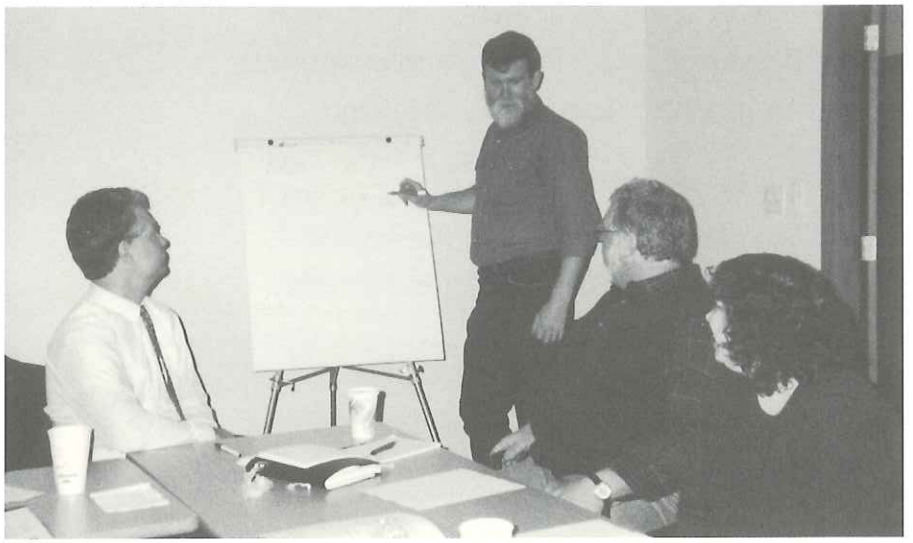


By networking with friends, Fred found work that he enjoys.

COMPENTENCY AREA 5:

Facilitation of Services

The community support human service practitioner is knowledgeable about a range of participatory planning techniques and is skilled in implementing plans in a collaborative and expeditious manner.



▲ ***Jim Ross of Massachusetts Families Organizing for Change leads a participatory planning session.***

SKILL STANDARD:

The competent CSHSP 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.

ACTIVITY: The competent CSHSP maintains confidentiality of participant information in formal as well as informal settings.

- *The CSHSP describes confidentiality guidelines and procedures (e.g., guarding against the use of person's full name for public release, the inappropriate release or sharing of information).*
- *The CSHSP's performance appraisals indicate adherence to required confidentiality guidelines and procedures.*

ACTIVITY: The competent CSHSP attends support team meetings when appropriate.

- *Records show that the CSHSP attends support team meetings when appropriate.*

ACTIVITY: The competent CSHSP works cooperatively with and respects all support team members and their contributions to the participant's well-being.

- *The participant and support team state that the CSIISP listens to the participant and includes his or her information in the participant's plan.*

ACTIVITY: The competent CSHSP recognizes when a productive relationship with the participant is jeopardized and addresses the problem by seeking supervisory support and/or transferring services when necessary.

- *The CSHSP demonstrates knowledge of defined ethical standards pertaining to the helping relationship (e.g., agency policy, professional codes of ethics, etc.).*
- *The supervisor reports that the CSHSP acknowledges his or her feelings regarding potential problems in a particular participant relationship, and respects appropriate boundaries in the helping relationship.*

SKILL STANDARD B:

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

ACTIVITY: The competent CSIISP establishes a positive relationship with the participant in order to advocate with the participant in goal development with support team members.

- *The supervisor observes that the CSHSP actively listens to the participant's preferences, interests and needs.*
- *The supervisor observes that the CSHSP establishes good working relationships with many participants.*

ACTIVITY: The competent CSHSP represents the views of the participant regarding his/her preferences, needs, and interests during the planning process.

"The effectiveness of a plan depends on a support group of concerned people who make a dream reality by learning to solve problems, build community, and change organizations together over time."

—Beth Mount in *Creating Individual Supports for People with Developmental Disabilities: A Mandate for Change at Many Levels."*

"Collaboration can be built within the mental health system and among those who assist people with psychiatric disabilities in their recovery process by actively working together to clarify and support the process of recovery, the means to make it more effective and the roles that each person plays in this process.

—LeRoy Spaniol, Martin Koehler and Dori Hutchinson (1994) *The Recovery Workbook: Practical Coping and Empowerment Strategies for People with Psychiatric Disabilities.*

- *The CSHSP demonstrates effective support of participant choices and preferences in a role play exercise of a planning process.*
- *Given specific scenarios, the CSHSP demonstrates effective problem solving and use of decision making techniques when representing the participant in the planning process.*

ACTIVITY: The competent CSHSP assists in the development of individual participant goals that include measurable outcomes based on participant needs, preferences and interests.

- *Given a profile of a participant's strengths, needs and preferences, the CSHSP suggests appropriate goals.*

SKILL STANDARD C:

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

ACTIVITY: The competent CSHSP assists in assigning and/or carrying out assigned responsibilities for implementing identified participant outcomes.

- *The CSHSP produces a calendar of work activities related to the participant's goals and checks off completed tasks toward the achievement of outcomes.*

ACTIVITY: The competent CSHSP visits environments in which the participant's plans will be implemented (e.g., home, work-site and school).

- *The CSHSP documents dates and observations of all environments where the participant will spend substantial portions of time.*

ACTIVITY: The CSHSP supports the participant in carrying out his or her decisions related to outcomes established by the participant with the support team.

- *In role play situations or learning groups the CSHSP demonstrates basic counseling skills (e.g., active listening*

skills, empathic responses, modeling and encouragement) to support the participant's decision-making.

ACTIVITY: The competent CSHSP assists/facilitates the achievement of the individual participant outcomes as defined by the participant and the support team.

- *The CSHSP maintains accurate progress notes regarding the status of the achievement of particular participant outcomes.*

ACTIVITY: The competent CSHSP refers participant to appropriate resources (e.g., income support, housing assistance, health care, job training and placement etc.) when necessary to reach applicable outcomes.

- *Given a scenario, the CSHSP can identify specific needs for support and the specific agencies and organizations that will provide such support*
- *The CSHSP documents participant referrals.*

SKILL STANDARD D:

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

ACTIVITY: The competent CSHSP continually collects and reviews feedback regarding outcome attainment from the participant, and other support team members.

- *The CSHSP reviews and records feedback from the participant and other support team members regarding achievement of outcomes.*
- *The participant and support team report that the CSHSP requested their feedback regarding the achievement of outcomes.*

"Professionals and families can learn from each other, and services should result from cooperative efforts."

—Sandra Jackson, President of New Jersey Family Support Coalition and Director, Family Support Services, ARC/Union. Published in New Jersey Association of Community Providers, "Network" Newsletter (Fall, 1991).

ACTIVITY: Based on the feedback collected, the competent CSHSP makes recommendations to the participant and appropriate support team members regarding the need for changes in identified participant goals and methods for achieving those changes.

- *The CSHSP meets with the support team and the participant, shares feedback and formulates changes in the participant's goals and strategies to achieve them.*
- *The participant and support team members report satisfaction that the CSHSP utilized feedback to analyze the need for changes and, if necessary, developed methods for implementation.*

With the help of an effective planning team, Sherry is achieving her dream of economic independence.

COMPETENCY AREA 6:

Community Living Skills & Supports

The community support human service practitioner 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.

▲ ***Cuca works as a Senior Home Companion helping Concha whose arthritis makes it hard for her to get around. In the process Cuca, who is 65 and Concha, who is 87, have become good friends.***

SKILL STANDARD:

The competent CSHSP 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.

ACTIVITY: The competent CSHSP is knowledgeable and sensitive to the participant's preferences and abilities regarding physical and personal management needs.

- *The CSHSP describes the participant's preferences regarding physical and personal management needs.*

ACTIVITY: The competent CSHSP provides physical and personal management support to participants respecting the privacy, autonomy and dignity of the individual.

- *The participant reports that the CSHSP provides necessary supports in a manner that is respectful of his or her dignity.*

- *Through role play activity, the CSHSP demonstrates an understanding of the need for privacy, autonomy and dignity in the provision of support to individual participants.*

ACTIVITY: The competent CSHSP provides physical and personal support to participants with concern for the safety of all involved.

- *The supervisor reports that the CSHSP takes appropriate measures (e.g., protective clothing, usage of safety rails, wheel chair brakes etc.) to ensure the safety of all involved.*
- *Records and documentation regarding the provision of supports by the CSHSP indicate that safety measures were followed according to established guidelines, policies and procedures*

ACTIVITY: The competent CSHSP assists the participant in meeting nutritional needs by providing/arranging for training and support as needed.

- *The CSHSP describes basic aspects of nutrition (e.g., basic food groups).*
- *The supervisor, tenured peers, participant or family/friends report that the CSHSP has discussed cultural issues related to the nutritional needs and preferences of the participant.*
- *The participant reports that the CSHSP has provided him/her with training and support regarding his or her nutrition.*

ACTIVITY: The competent CSHSP assists the participant in recognizing and taking appropriate action regarding the signs and symptoms of illness and the side effects of medications/drugs/alcohol, and secures needed health information and intervention from appropriate health professionals.

- *The CSHSP recognizes the signs and symptoms of illnesses, and the side effects of medications/drugs/alcohol when presented with acceptable testing methods (e.g., multiple choice questions, scenarios etc.)*
- *The CSHSP describes the appropriate actions to take to prevent and respond appropriately to signs and symptoms of illness and side effects of*

"People need invitation to share their talents as much as they need counseling or assistance with balancing their checkbook."

—John O'Brien and Connie Lyle O'Brien (1992), *Remembering The Soul Of Our Work: Stories by the Staff of Options In Community Living.*

medications/drugs/alcohol when presented with appropriate scenarios.

- *The CSHSP summarizes pertinent elements of the participant's medical history and needs.*
- *The CSHSP maintains a file and/or effectively uses a directory of the local medical and health resources available to participants.*

SKILL STANDARD B:

The competent CSHSP 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.

ACTIVITY: The competent CSHSP is knowledgeable and respectful of the participant's personal and cultural preferences and abilities regarding household management and transportation needs.

- *The participant reports that CSHSP has discussed preferences related to household management and transportation.*
- *The CSHSP documents or verbally summarizes the participant's abilities and preferences related to household management and transportation needs.*

ACTIVITY: The competent CSHSP assists the participant to use public transportation and/or facilitates needed transportation based on participant preference and needs.

- *The CSHSP describes transportation resources in the participant's local community*
- *The participant reports that the CSHSP provides needed support regarding participant preferences about transportation.*

ACTIVITY: The competent CSHSP assists the participant to maintain or establish a household, supporting the participant to carry out such tasks as cooking, cleaning, budgeting, doing laundry, shopping, yard work and other maintenance activities.

- *The participant and his/her family/friends report that needs are*

"Friends offer companionship, support, assistance, and a sense of belonging to a wider community. Typical human service practices reinforce common prejudices and diminish severely disabled people's chances of making and keeping friends."

from *Remembering The Soul Of Our Work: Stories by the Staff of Options in Community Living* by John O'Brien and Connie Lyle O'Brien (1992).

being met regarding maintenance of his/her home.

- *The participant and supervisor report that the CSHSP provides needed supports to the participant regarding household management.*
- *The participant and/or supervisor indicate that the CSHSP has assisted the participant in developing and managing a budget.*

"In the context of a long term relationship, support staff share shopping trips, banking and bill paying, cleaning, letter writing, visits to the doctor and the hospital, and holiday preparations... Every shared moment offers each person the possibility of coming to know the other a little better."

from *Remembering The Soul Of Our Work: Stories by the Staff of Options in Community Living* by John O'Brien and Connie Lyle O'Brien (1992).

SKILL STANDARDS C:

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

ACTIVITY: The competent CSHSP recognizes and respects the participant's individual needs and preferences for equipment and therapy.

- *The participant and his/her family/friends report that the CSHSP has discussed and understands the participant's needs and preference regarding equipment and therapies.*
- *The CSHSP can describe appropriate therapies and demonstrate the use of several types of assistive equipment.*

ACTIVITY: The competent CSHSP assists the participant in securing or arranging for assistive equipment as indicated by participant needs and preferences.

- *The participant, supervisor or family/friends indicate that the CSHSP has assisted the participant in arranging for and securing needed equipment.*
- *The CSHSP documents arrangements for needed equipment.*

ACTIVITY: The competent CSHSP assists the participant in securing or arranging for therapies as indicated by participant needs and preferences.

- *The participant, supervisor or family/friends indicate that the CSHSP has assisted the participant in arranging for needed therapies.*
- *The CSHSP documents that the participant is receiving needed therapies.*

SKILL STANDARD D:

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

ACTIVITY: The competent CSHSP recognizes and respects participant's individual choices and preferences regarding the nature of relationships he or she is seeking and assists the participant in developing such relationships.

- *The participant reports that the CSHSP discussed choices and preferences with regard to friendships and relationships.*
- *The CSHSP documents or provides other examples of the participant's choices in social and community life.*
- *The participant reports involvement in community activities, groups and organizations.*

SKILL STANDARD E:

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

ACTIVITY: The competent CSHSP assists participant to manage his or her support service providers.

- *The participant reports that the CSHSP has provided useful information regarding the management of his or her support service providers.*

ACTIVITY: The competent CSHSP provides information to the participant on methods of recruiting, interviewing, and selecting staff, and assists the participant as necessary.

- *The CSHSP lists methods of recruiting, interviewing and selecting staff.*
- *The participant and supervisor report that the CSHSP provides assistance in recruiting, interviewing and selecting staff.*

ACTIVITY: The competent CSHSP assists and supports the participant to manage and train support and/or personal care staff.

- *The participant reports that the CSHSP provides support regarding training and managing support staff.*

▲ ***Larry is using a manually operated pole peeler to make log furniture.***

COMPETENCY AREA 7:

Education, Training & Self-Development

The community support human service practitioner should be able to identify areas for self improvement, pursue necessary educational/training resources, and share knowledge with others.

▲ ***Professional development often involves working and learning in teams.***

SKILL STANDARD A:

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

ACTIVITY: The competent CSHSP develops goals that address training, education and self-improvement issues.

- ✔ *The CSHSP develops a written personal professional development plan.*

ACTIVITY: The competent CSHSP participates in a career-related in service training, and/or degree programs or continuing education courses.

- ✔ *The CSHSP's portfolio contains records of courses completed and related degrees.*
- ✔ *The competent CSHSP requests leave time to attend relevant conferences and workshops.*
- ✔ *The CSHSP's portfolio contains records of completed sessions of in-service training and continuing education.*

"If we are to fulfill our societal commitment and meet our professional goals, we must address and support personnel preparation as an on-going process."

—Kaiser and McWhorter (1990), *Preparing Personnel to Work with Persons with Severe Disabilities.*

ACTIVITY: The competent CSHSP develops methods to stay current with recent changes in the field.

- *The supervisor indicates that the CSHSP stays abreast of current values, trends and developments in the field.*

SKILL STANDARD B:

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

ACTIVITY: The competent CSHSP disseminates information to self-advocacy and family support groups.

- *The CSHSP maintains a current directory regarding available self-advocacy and family groups in their community.*
- *The supervisor reports that the CSHSP disseminates information to appropriate self advocacy or other support groups.*
- *The CSHSP's portfolio contains information such as journal entries, newsletters, brochures etc. regarding involvement in family and self-advocacy groups.*

ACTIVITY: The competent CSHSP participates in community outreach education activities (e.g., presentations, job fairs, dissemination of materials).

- *The CSHSP's portfolio contains documentation of the content and dates of delivery of educational assistance provided to local community groups.*
- *The CSHSP's peers and supervisor report that the CSHSP has discussed means to secure community involvement and interest in human service agencies/organizations (e.g., educational groups, media support, volunteerism).*

ACTIVITY: The competent CSHSP conducts formal training and informal information sharing with participants and family members as appropriate.

- *Participants and family members report that the CSHSP has provided useful training information.*
- *The CSHSP's portfolio contains evaluations and reports of training provided by him or her.*

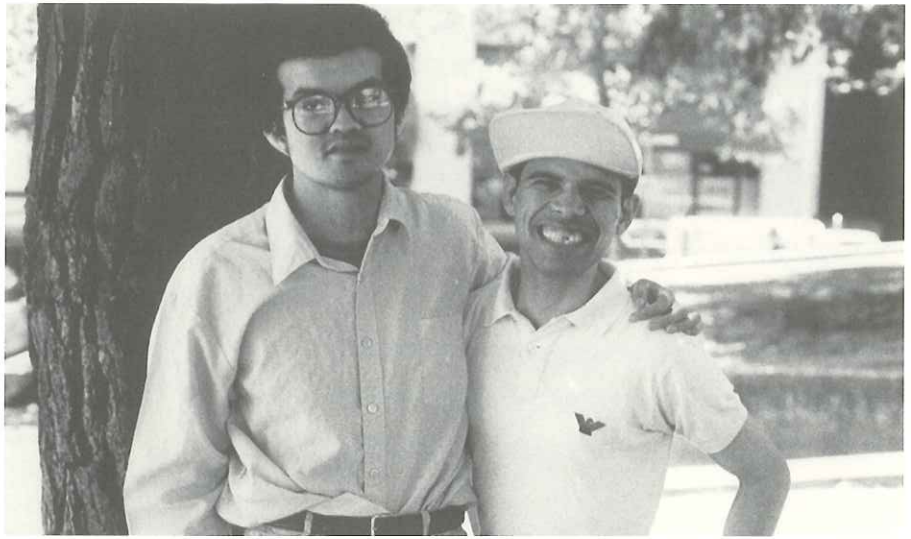
ACTIVITY: The competent CSHISP participates in in-service training activities and informally shares information with colleagues.

- *Peers and supervisors report that the CSHISP has provided them with useful information.*
- *The CSHSP's portfolio contains evaluations and reports regarding training delivered by the CSHSP to peers and supervisors.*

COMPETENCY AREA 8:

Advocacy

The community support human service practitioner 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.



SKILL STANDARD A:

The competent CSHSP and the participant identify advocacy issues by gathering information, reviewing and analyzing all aspects of the problem.

ACTIVITY: The competent CSHSP communicates with the participant or family and friends to learn about any or problems requiring advocacy.

- *The CSHSP verbally summarizes problems (e.g, housing, benefits, etc.) needing advocacy in supervision sessions.*
- *The participant indicates that the CSHSP understands their issues.*

ACTIVITY: The competent CSHSP makes contact with advocacy organizations in the community in order to understand the range of advocacy services and advice offered.

- *The participant states that the CSHSP has informed him or her about available advocacy services.*

ACTIVITY: The competent CSHSP works with the participant to identify possible

▲ ***"We must delight in each other, make others' conditions our own, rejoice together, labor and suffer together, always having before our own eyes our community as members of the same body."***
—John Winthrop, 1630

strategies to resolve the issue and assists the participant in using the these strategies.

- *The participant reports using strategies developed with the CSHSP to obtain needed services or to resolve specific problems.*
- *The CSHSP provides detailed examples of advocacy strategies used to resolve a specific situation.*
- *The CSHSP documents specific advocacy actions in his or her personal portfolio.*

SKILL STANDARD B:

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

ACTIVITY: The competent CSHSP seeks out necessary information regarding laws, services and community and advocacy resources.

- *The CSHSP maintains an updated resource file*

ACTIVITY: The competent CSHSP educates the participant regarding his or her rights and service options.

- *The CSHSP can describe the rights, regulations and laws that have a specific impact on the participants that he or she supports.*
- *The CSHSP is able to explain relevant rights and laws to the participant in a manner that he or she can understand and use.*
- *The CSHSP documents instances where he or she has referred the participant to other advocacy organizations as appropriate.*

ACTIVITY: The competent CSHSP participates in continuing education to learn about and maintain knowledge of current information about laws, services, community resources, and advocacy issues.

- *The CSHSP maintains a file of all relevant educational activities.*
- *The CSHSP demonstrates how they have used information from continuing education activities in a specific advocacy effort.*

"Fighting back against the system is hard because the system reflects and reinforces beliefs that are common among ordinary community members and among disabled people themselves. Fighting the system may well mean learning to disagree constructively with our aunts and our friends and ourselves."

—from *Remembering The Soul Of Our Work: Stories by the Staff of Options in Community Living.* John O'Brien and Connie Lyle O'Brien, editors (1992).

SKILL STANDARD C:

The competent CSHSP 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.

ACTIVITY: The competent CSHSP intervenes as appropriate to mediate or resolve disputes when there are barriers to services within the agency or with other service providers (e.g., vocational, social, financial, educational or other agencies).

- *The CSHSP records the efforts made to mediate or resolve disputes that are barriers to the participant (phone log, letters, journals of visits).*

ACTIVITY: The competent CSHSP represents the interests of individual participants or groups of participants before decision making bodies as appropriate (e.g., city councils, zoning boards, state agencies, administrative panels, etc.)

- *The CSHSP documents interactions with decision-making bodies with or on behalf of the participant.*

"Being scared and angry sometimes has its benefits. In community organizing it is a necessity."

—Jean N. Bowen, "The Power of Self-Advocacy: Making Thunder" in *Creating Individual Supports for People with Developmental Disabilities: A Mandate for Change at Many Levels*" by Bradley, Ashbaugh, & Blaney. (1994).

SKILL STANDARD D:

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

ACTIVITY: The competent CSHSP initiates and maintains relationships with relevant community and civic organizations and legislators and teaches the participant to develop these relationships.

- *The CSHSP maintains a written record of contacts made and meetings attended with appropriate community organizations and individuals.*

ACTIVITY: The competent CSHSP uses his or her network of community contacts to assist the participant to secure needed supports.

- *The CSHSP provides examples of how he or she used community contacts to assist the participant to secure needed supports.*

COMPETENCY AREA 9:

Vocational, Educational & Career Support

The community based support worker 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.

▲ ***Mary makes woven art on a hand loom.***

SKILL STANDARD A:

The competent CSHSP 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.

ACTIVITY: The competent CSHSP helps the participant identify and clarify his or her career interests, aspirations, ambitions and talents.

- *The competent CSHSP documents participant's career and educational interests, aspirations, ambitions and talents in an individualized plan.*
- *The competent CSHSP compiles examples of career and educational exploration such as videos, print materials, job shadowing, and results of vocational/educational assessments.*

ACTIVITY: The competent CSHSP refers a participant for educational/vocational assessment with the participant's approval.

- *The supervisor and/or participant reports the CSHSP assists the participant to schedule appointments, arrange transportation and understand the content and purpose of the assessment.*

ACTIVITY: The competent CSHSP reviews assessment results with the participant.

- *The participant reports that the CSHSP met with them to review the assessment results and answered his/her questions.*
- *The participant's career plan includes information/goals based on personal preference and strengths reflected in the assessment process.*

ACTIVITY: The competent CSHSP prepares a participant for educational or employment opportunities.

- *The participant demonstrates (e.g., role playing) interviewing skills based on CSHSP's assistance.*

"Work especially the opportunity to aspire to and achieve gainful employment, is a deeply generative and reintegrative force in the life of every human being."

—Bear, Propst & Malamud (1982). "The Fountain House Model of Psychiatric Rehabilitation" in *Psychosocial Rehabilitation Journal.*

SKILL STANDARD B:

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

ACTIVITY: The competent CSHSP canvasses the community to determine the nature of the job market, working with employers to improve their receptivity to hiring participants.

- *The competent CSHSP researches labor market information through collecting and organizing general advertising, the Department of Labor data base, available job postings and other resources.*
- *The competent CSHSP calls, visits and encourages potential employers to hire participants, and documents these activities.*

ACTIVITY: The competent CSHSP assists participants to match their skills with job opportunities and the needs of employers in the community.

- *The competent CSHSP provides examples of participants who have been employed in jobs that match their skills.*

ACTIVITY: The competent CSHSP works with other employment and rehabilitation agencies in the community to maximize job opportunities for participants.

- *The competent CSHSP facilitates inter-agency collaboration by initiating written correspondence and setting up meetings.*

SKILL STANDARD C:

The competent CSHSP collaborates with employers and school personnel to support the participant, adapting the environment, and providing job retention supports.

ACTIVITY: The competent CSHSP works with the participant and the employer or school to identify environmental suitability to facilitate successful job performance and retention.

- *The competent CSHSP, collaborating with participant, employer or school, assesses environmental accessibility (i.e. accommodations for individual requirements) by an on-site visit, and reports results in writing.*

ACTIVITY: The competent CSHSP works with the participant and the employer or school to identify training resources that will enhance the participant's job performance and employability.

- *The competent CSHSP identifies and compiles information pertinent to training resources.*

ACTIVITY: The competent CSHSP learns about the requirements of the jobs that participants are seeking in order to identify appropriate supports.

- *The competent CSHSP, in collaboration with the participant, collects written and verbal information about job requirements, e.g., job descriptions, tasks analysis, in order to develop appropriate supports.*
- *The competent CSHSP, in collaboration with the participant and his/her family/friends, develops a plan to adapt the environment and provide job retention supports.*

ACTIVITY: The competent CSHSP assists participant's co-workers to understand the ways in which they can support the participant in the workplace.

- *The CSHSP can describe support provided by the participant's co-workers resulting from meetings with the CSHSP.*

".. they have come to understand community inclusive employment not as just a good idea for some, rather as a right of all people."

—Valerie J. Bradley, John W. Ashbaugh, and Bruce Blaney (1994) "Creating Individual Supports for People with Developmental Disabilities: A Mandate for Change at Many Levels."

COMPETENCY AREA 10:

Crisis Intervention

The community support human service practitioner should be knowledgeable about crisis prevention, intervention and resolution techniques and should match such techniques to particular circumstances and individuals.

▲ ***Judy is comforted by her personal assistant, Gail.***

SKILL STANDARD A:

The competent CSHSP identifies the crisis, defuses the situation, evaluates and determines an intervention strategy and contacts necessary supports.

ACTIVITY: The competent CSHSP practices crisis prevention by evaluating the interaction of the participant with others and the environment and plans and responds accordingly.

- *Given a scenario the CSHSP describes aspects of the environment or participant interaction likely to cause crises and formulates interventions likely to prevent such crises.*

ACTIVITY: The competent CSHSP intervenes in the crisis situation by managing the physical and social environment to reduce conflict, and promote safety of participants, workers and others.

- *Given a scenario, the CSHSP explains the appropriate techniques which would be effective in managing the crisis and ensuring a safe environment.*

- *The supervisor indicates that the CSHSP has managed crisis situations effectively.*

ACTIVITY: The competent CSHSP seeks outside assistance when necessary, understanding his or her limitations and abilities in particular situations.

- *Given scenarios, the CSHSP is able to identify situations beyond his or her ability or training and steps to take to gain needed assistance in the crisis situation.*
- *The CSHSP can identify local resources and procedures for obtaining assistance in an emergency.*

ACTIVITY: The competent CSHSP examines the incident, interviews those involved, explores the causes, and recommends strategies to prevent recurrence and to resolve underlying conflicts.

- *Given a scenario, the CSHSP examines the incident and identifies who is involved, possible causes, and strategies for prevention.*

SKILL STANDARD B:

The competent CSHSP 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.

ACTIVITY: The competent CSHSP reviews the crisis situation with authorized staff and with the participant to determine the need for ongoing support and to develop strategies for avoiding such crises in the future.

- *After consulting with the participant and other staff, the CSHSP lists strategies for avoiding crisis in the future.*

ACTIVITY: The competent CSHSP conceptualizes a plan to implement organizational or personnel changes to lower the risk of similar incidents.

- *Given a scenario, the CSHSP can describe needed changes in the organization or personnel that will lower the risk of a repeated event.*

"Crises have the potential for both positive and negative results. The Chinese Character for "crisis" has two interpretations, "danger" and "opportunity." "Krisis", the Greek root of the English word, means decision or turning point."

—Michie, 1991

"People provide crucial supports when times are difficult. This support not only affects the person with a disability but those who assist as well."

—from *Remembering The Soul Of Our Work: Stories by the Staff of Options in Community Living*, John O'Brien, and Connie Lyle O'Brien editors (1992).

ACTIVITY: The competent CSHSP accurately documents and reports the incident according to regulations.

- *Given a scenario and corresponding regulations, the CSHSP can describe reporting requirements for a range of incidents.*
- *The supervisor reviews incident reports completed by the CSHSP to ensure that they are acceptable.*

COMPETENCY AREA 11

Organizational Participation

The community based support worker is familiar with the mission and practices of the support organization and participates in the life of the organization.

▲ ***Empowered workers contribute to the mission and vitality of an organization.***

SKILL STANDARD A:

The competent CSHSP contributes to program evaluations, and helps to set organizational priorities to ensure quality.

ACTIVITY: The competent CSHSP works with other staff to review the organizational mission, develops organizational priorities, and discusses quality indicators for participant support.

- *The supervisor reports that the CSHSP participates in reviews and discussions regarding the organization's mission and priorities.*
- *From the program specific mission, the competent CSHSP and co-workers identify and write quality indicators specific to their area of responsibility.*

ACTIVITY: The competent CSHSP seeks feedback from participants regarding his or her performance.

- *The competent CSHSP records verbal and/or written feedback from participants on his/her performance.*

"Typical human service programs aim to change their clients by increasing skills and modifying unacceptable behavior. Typical programs structure their client's time and relationships on the basis of staff ideas about how people change. Options' staff start from another place; they challenge themselves to discover what it will take to support each person to make and keep a place in community life."

—from *Remembering The Soul Of Our Work: Stories by the Staff of Options in Community Living*, John O'Brien, and Connie Lyle O'Brien editors (1992).

ACTIVITY: The competent CSHSP incorporates the results of program and participant evaluations into changes in his or her practice and approach.

- *Writing his or her annual performance goals, the competent CSHSP incorporates the program and participant evaluations.*

SKILL STANDARD B:

The competent CSHSP incorporates sensitivity to cultural, religious, racial, disability, and gender issues into daily practices and interactions.

ACTIVITY: The competent CSHSP works with other staff in the agency to develop practices sensitive to cultural, religious, disability, and gender issues.

- *The supervisor reports that the CSHSP sets up or participates in workshops for staff on cultural, religious, racial, disability and/or gender issues.*
- *The competent CSHSP develops service guidelines in collaboration with staff and participants and in accordance with agency policy.*

ACTIVITY: The competent CSHSP networks with other organizations in the community that promote sensitivity to cultural, religious, racial, disability, and gender issues.

- *The competent CSHSP develops a resource directory of community organizations that promote sensitivity to cultural, religious, racial, disability and gender issues.*

SKILL STANDARD C:

The competent CSHSP provides and accepts co-worker support, participating in supportive supervision, performance evaluation, and contributing to the screening of potential employees.

ACTIVITY: The competent CSHSP establishes and maintains effective working relationships with all levels of personnel within the organization.

- *The competent CSHSP's performance evaluations reflect effective working relationships with all levels of personnel within the organizations.*

ACTIVITY: The competent CSHSP participates in agency mentoring programs.

- *The CSHSP personally selects and meets regularly with a mentor to develop professional goals.*
- *The CSHSP in collaboration with his/her mentor, lists strategies for achieving professional goals.*
- *The CSHSP's performance evaluations reflect progress toward achievement of goals.*

ACTIVITY: The competent CSHSP participates in the hiring and peer review process.

- *The supervisor reports that as part of the hiring process, the CSHSP reviews job descriptions, reviews resumes of applicants, and interviews potential employees.*

ACTIVITY: The competent CSHSP works with appropriate supervisors to develop professional goals.

- *The CSHSP's periodic employee reviews or self assessments contain evidence of professional goals.*

SKILL STANDARD D:

The competent CSHSP provides input into budget priorities, identifying ways to provide services in a more cost-beneficial manner.

ACTIVITY: The competent CSHSP works with other staff to review budget priorities and to make suggestions regarding cost beneficial methods of using resources.

- *The supervisor reports that the CSHSP contributes to reviews of the budget and participates in making recommendations for program budgets.*

ACTIVITY: The competent CSHSP understands the organizational structure of the agency attends agency related meetings as appropriate.

- *The CSHSP accurately describes the organizational structure of the agency.*
- *The supervisor confirms CSHSP participation in appropriate meetings.*

ACTIVITY: The competent CSHSP acknowledges volunteer and in-kind contributions to participants.

- *The supervisor reports that the CSHSP acknowledges contributions where appropriate.*

COMPETENCY AREA 12:

Documentation

The community based support worker is aware of the requirements for documentation in his or her organization and is able to manage these requirements efficiently.

▲ ***Clearly written communication is an essential tool for the human service worker.***

SKILL STANDARD A:

The competent CSHSP maintains accurate records, collecting, compiling and evaluating data, and submitting records to appropriate sources in a timely fashion.

ACTIVITY: The competent CSHSP records data neatly, coherently, accurately and objectively.

- *The supervisor reviews documentation completed by the CSHSP to ensure requirements are met.*

ACTIVITY: The competent CSHSP writes effectively using proper grammar, correct spelling and sentence structure.

- *The CSHSP's portfolio includes examples of effective writing.*

ACTIVITY: The competent CSHSP exercises proper judgment in balancing reporting requirements (agency policy, government and funding requirements) with privacy needs.

- *Given a scenario the CSHSP can describe strategies for documenting*

essential information while respecting the privacy of the participant.

ACTIVITY: The competent CSHSP consistently uses people first language in all written communication (e.g. "person with epilepsy" vs. "epileptic").

- *Examples of written work in the CSHSP's portfolio indicate use of "people first" language.*

"It is important that the worker stay as objective as possible when recording data."

—Norma Radol Raiff, (1992) *Curriculum for Community Based Adult Case Management Training.*

SKILL STANDARD B:

The competent CSHSP maintains standards of confidentiality and ethical practice.

ACTIVITY: The competent CSHSP ensures that participants are aware of their rights of personal access to records and their right to give or refuse consent for release of information to others.

- *The participant or his or her family or friends express a clear understanding of the participant's rights of access to records and their right to refuse consent for release of information.*

ACTIVITY: The competent CSHSP exercises sound judgment in managing verbal and written information so as to protect participant's confidentiality and provide information to others who have a legitimate need to know.

- *Given scenarios, the CSHSP demonstrates a knowledge of confidentiality and limits on releasing information to others.*

ACTIVITY: The competent CSHSP informs the participant about situations that would likely involve disclosure of private information prior to that distribution, e.g., health and safety issues.

- *A review of participant records indicates the presence of signed disclosure agreements or other assurances that confidence is maintained.*

ACTIVITY: The competent CSHSP informs participants of situations which warranted the release of confidential information without prior consent, and the likely consequences of such disclosure.

- *The CSHSP can define situations in which he or she is required to release information without prior consent, including the consequences of the disclosure.*
- *The CSHSP documents reasons why the release of information without prior consent was necessary.*

ACTIVITY: The competent CSHSP understands the legal requirements and personal liability of all written communication.

- *Given a scenario, the CSHSP can state the legal requirements and personal liability of his or her written communication.*

SKILL STANDARD C:

The competent CSHSP learns and remains current with appropriate documentation systems, setting priorities and developing a system to manage documentation.

ACTIVITY: The competent CSHSP manages time so that documentation requirements are met.

- *The supervisor reports that the CSHSP completes required documentation on time.*

ACTIVITY: The competent CSHSP uses computers, when available, and other tools to organize and retrieve information.

- *When given tools provided by the agency, CSHSP demonstrates competence in organizing and retrieving information (e.g., automated and manual systems).*

ACTIVITY: The competent CSHSP balances the necessity of documentation with the importance of other activities, especially direct contact with participants.

- *The supervisor reports that the CSHSP appropriately balances the documentation tasks with other activities.*

APPENDIX A

Technical Committee

Mary DiGiovanni
Council for Standards in Human Service Education, Haverill, MA

Aase Righter
American Network of Community Options & Resources (ANCOR), Annandale, VA

Madeline B. Hemmings
National Assoc. of State Directors of Vocational Technical Education Consortium, Washington, DC

Paul Marchand
Consortium for Citizens with Disabilities, Washington, DC

Richard Berkobien
The Arc of the United States, Arlington, TX

James McKenney
American Association of Community Colleges, Washington, DC

Margaret Piesert
Service Employees International Union, Washington, DC

Gordon A. Raley
National Assembly of Voluntary Health & Social Welfare Organizations, Inc., Washington, DC

Franklyn M. Rother
National Organization for Human service Education (NOHSE), Lincroft, NJ

Darvin Hirsch
National Association of State Directors of Developmental Disabilities Services, Topeka, KS

Bruce Lorenz
National Association of Alcohol & Drug Addiction Counselor Certification Commission, Dover, DE

Dianne Weinstein
International Association of Psychosocial Rehabilitation Services (IAPSRS), Columbia, MD

Maureen Leighton
The Child Welfare League of America, Washington, DC

APPENDIX B:

Project Participants

JOB ANALYSIS WORKSHOPS

Russell Bennett, Guadalupe County MH/MR

Norman Blackshear, Volunteers of America

Linda Brown, Texas State Foster Parents Inc.

Christy Cannady, Martin Luther King Center

Lisa Chapman, Community Living Service

Elisa Clarke, United Cerebral Palsy of New York City

Kris Cusack, Texas Collaborative Transition Project

David Duboff, Housing Reform Project

Mary Rosser Furr, Rosser's Respite

Daniel Gross, Vadis Northwest

Maureen Hayward, DSSC

Kathleen Hormann, Washington PAVE

Lynda Hudspeth, United Cerebral Palsy Association, Austin

Gaye Jensen, Vashon Health Center

Lisa Ann Johnson, Alternatives for Girls

Seth Krakauer, AHRC/HIRE

Karen Lopez, United Cerebral Palsy Association, Austin

Michaelan Martin, Nemasket Group

Ellie Mazza, Monmouth Medical Center

Scott McDonald, United Cerebral Palsy of King Snohomish Counties

Christopher Mertz, Daybreak Shelter, Homeless Outreach

Robin Miners, Michigan Protection and Advocacy

Allison Ming, United Cerebral Palsy of New York City

Lucette Morrison, Hayes-Blanco Special Education Cooperative

Zipporah Moten, Southwest Detroit Community Mental Health

Emily Moye, AARB, New York

Marietta Noel, Austin-Travis County MH/MR

James Normadin, Greater Lynn Mental Health

Mary Janet Nyland, Kitsap Recovery Center

Kimberly Peterson, Pierce County Alliance

Frank Pullen, United Cerebral Palsy, Seattle

Tammy Riggan, Community Options of Texas

Sharon Roberts, Leake & Watts

Diane Ross, Plymouth ARC

Roger Sarango, Lowell House, Inc.

Sally Schmsdorf, Creative Living Services

Julie Silver, Human Services Research Institute

Alicia Smith, Washtenaw Interventions

Verna Spayth, ADAPT/Michigan

Jeana Spencer, AIDS Care Connection

Kristin Elizabeth Swanson, NeuroCare Rehab Without Walls

Debra Thibodeau, DSSC, Dover, NH

Patty Thomas, Human Service, Inc.

Doug Waechter, Burnet County Mental Health Center

Crystal White, Human Growth System

Leonard Wilkins, Transitional Services, Inc.- New York

Robin L. Williams, Mott Children's Health Center

Timothy Wolfe, ARC-King County

Carl Wright, Texas Advocates

SKILL STANDARDS VALIDATION WORKSHOPS

PILOT WORKSHOP — MASSACHUSETTS

Anthony Apicella, Behavioral Services

Don Baker, Vinfen Corp.

Cheryl Brantle, Fortune House

Dianne Couris, Vinfen Corp.

Michelle Croce, DDTC South

Hattie Cross, Metro Respite

Garet Horstman, Vinfen Corp.

Maria Joseph, DDTC South

Cathy Moriarity, MMHC

Jill Pedrick, Vinfen Corp.

Barry Schwartz, Vinfen Corp.

Tom Simon, Vinfen Corp.

NEW YORK

Deborah Aldbridge, The Family Place, United Hospital

Maria Braham, United Cerebral Palsy

Marietta Hogan Burke, Infant & Child Learning Center

Olive Daniels, United Cerebral Palsy

Karen Dennis, Services for the Underserved

Judith Finkel, Brookdale Community College

Caroline Greene, Albert Einstein College of Medicine, Substance Abuse Div.

Waltina Houstin, United Cerebral Palsy

Idetta Issa, United Cerebral Palsy

Valerie Jamison, Beth Israel Medical Center

Lena Jones, United Cerebral Palsy

Angel Perez, United Cerebral Palsy

Sharon Bascom Ramjattan, F.E.G.S.

Rita Ryals, Edwin Gould Services for Children

Patricia Staley, Creedmore Psychiatric Center

Todd Seward, Bowery Residence Committee, Human Service Corp.

Mark Wilt, Drug & Alcohol Treatment Facilities Inc.

TACOMA, WASHINGTON

Karen Anderson, Washington PAVE

Marsha Androska, Pierce College

Cheryl Borden, Acres Landing Inc,

Lynda Brown, Human service Research Institute

Alisabeth Buckmarsh, Tacoma Community College

Joanne Butts, Washington PAVE

Jim Carrol, Tacoma Community College

Karen Craven, Oregon Rehabilitation Association

Colleen Erskine, Division of Developmental Disabilities

Kathy Hormann, Child Development Center

Alan Kemp, Pierce College

Sally Nixon, County Planner, Aging and Long Term Care

Susie Roder, Chinook Enterprises

Lee Valenta, Consultant

TEXAS

Lois Baudoux, Greater Austin Music Therapy

Mitchell Bayes, Bayes Achievement Center, Inc.

Martha Gildreath, H.O.B.O.

Janice Guillory, ARCIL Inc,.

Nanci Johnson, Austin State Hospital

Luanne Southern, Austin-Travis County MH/MR

Gayla Thompson, Houston Community College System

ILLINOIS

Phil Bays, Oak Park, IL

Diana Braun, Springfield, IL

Marcus Cassady, Rockford, IL

Cathy Conour, Springfield, IL

Keith Greer, Rockford, IL

Tracy Halm, Oak Park, IL

Kenneth Heral, Rockford, IL

Marilyn Hughes, Caseyville, IL

Mark Karner, Oak Park, IL

Cheryl Largent, Swansea, IL

Kimberly Lett, O'Fallon, IL

Raylene McGonigal, Rockford, IL

Violette Nast, Belleville, IL

Harriet Tamer, Chicago, IL

Raymond Urbans, Elmhurst, IL

Anne Urbans, Elmhurst, IL

James Young, Sr., Chicago, IL

SKILL STANDARDS DEVELOPMENT WORKSHOPS

Bob Agolia, Center for Public Representation, MA

Kate Aliesan, Comprehensive Mental Health Center, WA

David Belton, The Institute for Leadership & Safeguards Development, LA

Naydean Blair, Houston Community College

Bruce Blaney, Human Services Research Institute, Cambridge, MA

Lew Budd, Ruby Rogers Advocacy & Drop-In Center, Cambridge, MA

Jim Carrol, Tacoma Community College

Mary Cerreto, Massachusetts Department of Mental Retardation

William Ebenstein, Consortium for the Study of Disabilities, City University of New York

Ken Gill, Psychosocial Rehabilitation and Treatment, NJ

Jackie Griswold, New Hampshire Technical College

Joe Halligren, New Hampshire Technical College

Amy Hewitt, Institute for Community Integration, University of Minnesota

Bobbi Hoppman, Nekton, Inc., Minneapolis, MN

Beverly Mack Harry, Beverly Mack Harry Consulting Services, Inc., New York, NY

Betsy Laitenen, Boston Center for Independent Living

Paul Murphy, Medway, MA

Regis Obijiski, New Horizons Resources, Poughkeepsie, NY

Bruce Richardson, Haley House, Boston, MA

Tom Romeo, University of Rhode Island

Noel Scott, Haley House, Boston MA

Mike Shields, New Hampshire Division of MH/DD Services

Bob Tucker, Ruby Roger Advocacy & Drop-In Center, Cambridge, MA

Margaret Van Gelder, Institute for Community Inclusion, Children's Hospital, Boston, MA

Jacquelyn Victoria, Independent Living, Inc., Baton Rouge, LA

Larry Ward, Cambridge, MA

WORKSHOP LEADERS

Marianne Taylor, Human Services Research Institute

Valerie Bradley, Human Services Research Institute

Ralph Warren, Human Services Research Institute

Judith Leff, Education Development Center

Joyce Malyn-Smith, Education Development Center

Andrea Perrault, Education Development Center

APPENDIX C:

Direct Support Work: Values & Vision

The principles that follow are directed to the qualities that community-based support workers should bring to their jobs. They reflect the attitudes toward the participants they serve, their own health and well-being, and to their vocation. However, these qualities must be nurtured within an organization that also shares these values and whose mission reflects these aspirations. To truly foster a responsive workforce, organizations must not only espouse these values but embody the values in daily practice.

VALUING OTHERS

1. CSHSP's affirm a common humanity with the people they support and recognize that they share similar aspirations including a home, job, friends and relationships and community involvement.

2. CSHSP's believe that their role is to listen to participants, to support them to achieve their own goals, to provide them with necessary information, and to advocate for a planning process that is participant focused.

3. CSHSP's understand that their primary role is to bolster the participant's natural supports, and that social service solutions should be employed when natural supports are not available or are inadequate.

4. CSHSP's recognize the importance of relationships in the lives of participants and work with participants to establish such relationships and to facilitate inclusion.

5. CSHSP's recognize that good communication is vital to developing relationships with participants.

6. CSHSP's show their respect for participants by being frank and direct in their communication.

7. CSHSP's believe that simple acts of friendship are important.

VALUING SELF

1. CSHSP's respect themselves, the participants whom they support, and the helping process.

2. CSHSP's understand the importance of thinking independently and take time for reflection and renewal.

3. CSHSP's believe that it is important to take care of their own physical and emotional well-being in order to function in a healthy and responsive fashion.

4. CSHSP's recognize that self-management skills, including time management, are important to

maintaining a fulfilling and gratifying work life and supporting the personal growth, gifts and capabilities of participants.

5. CSHSP's develop a healthy sense of their own worth and potential and are therefore able to provide a confident example to others.

6. CSHSP's believe in the value of continued education and development and seek out information on changes in the state-of-the-art.

7. CSHSP's understand that their work has an historical context and see themselves as part of an evolving support delivery system.

8. CSHSP's are aware of their limitations and seek help from others when they need to.

VALUING HELPING

1. CSHSP's believe in the importance of compassion, empathy, caring, commitment, and cooperation.

2. CSHSP's understand the importance of collaboration with co-workers and colleagues from other agencies and invite cooperation across organizational boundaries.

3. CSHSP's recognize that the administrative priorities of human service organizations sometimes conflict with providing individualized support and find ways to emphasize the support priorities whenever possible.

4. CSHSP's understand that their work requires creativity as well knowledge and skills, and find creative ways to express the nature of their work (keeping journals, sharing stories etc).

5. CSHSP's take time to celebrate the successes in their work with their colleagues and individual participants.

6. CSHSP's recognize the importance of an ethical and principle-centered basis for decision-making and see themselves as a catalyst for participant growth.

7. CSHSP's understand how to balance a participant's individual needs with the restrictions imposed by regulations and formal rules.

8. CSHSP's realize that to be successful they must hone their analytic and problem solving skills in order to respond effectively to a range of unique situations.

9. CSHSP's see the act of helping as an end in itself and don't rely on extrinsic rewards such as gratitude and praise for job satisfaction.

APPENDIX D:

Knowledge and Attributes Related to Effective Community-Based Support Work

INDUSTRY RELATED KNOWLEDGE:

PSYCHOLOGY/BEHAVIORAL SCIENCES

Abnormal psychology

Assessment techniques

Behavioral intervention and support

General psychology

Group dynamics (large/small)

Human development

Suicide prevention

Family dynamics

Learning styles and instructional methods

Team building methods

Addictions

MEDICAL/HEALTH

Basic health and pharmacology

Communicable diseases

Nutrition

Physiology and anatomy

Universal safety precautions

Physical fitness

Geriatrics

Physical assistance techniques

DISABILITIES/HUMAN SERVICES

History of human service

Organization of human service

Philosophical context of human services delivery

Human service and cultural diversity issues

Federal and state human service laws and regulations

Human and civil rights of human services participants

Etiology of specific disabilities

Influence of social and cultural values on human service practice

Obstacles that human service participants face in society

Adaptive equipment and assisted communication

American sign language (ASL)

ON-THE JOB

Awareness of basic technical terms

Knowledge of local community & other resources

Agency policies and procedures

State and local social services system structure

ATTRIBUTES:

Assertive

Balanced

Calm

Caring and Sensitive

Collaborative

Committed

Common sense

Communicative

Conscientiousness

Consistent

Cooperative

Creative

Dependable

Determined

Diplomatic

Empathetic

Encouraging

Enthusiastic

Ethical

Flexible

Forgiving

Friendly

Good sense of self

Honest

Insightful

Shows initiative

Intelligent

Mature

Modest

Non-materialistic

Objective

Organized

Patient

Positive

Professional

Punctual

Resourceful

Respectful

Sincere

APPENDIX E:

Human Service Education Survey Results

The Human Services Research Institute, with assistance from the Council for Standards in Human Service Education and other Technical Committee members, conducted a survey of human service programs throughout the United States. Surveys were sent out in November 1994, and again in April 1995 to 622 colleges and universities with degree or certificate programs in human service. We received usable surveys from 131 of these education programs. We report on the main findings of the survey below.

Degree Type:

It was important to look at the type of degree awarded. Only those programs awarding an associate or baccalaureate degree along with other degrees/certificates were included as these programs are more likely to provide training for entry-level human service workers. Of the programs surveyed, 72% awarded associate degrees, 30% awarded baccalaureate degrees, 30% awarded certificates, 5% awarded graduate degrees and 12% awarded other degrees. These percentages are based on a duplicated count of program respondents.

Number of Graduates:

To better assess trends in human service education, we looked at number of graduates for two subsequent years. A small increase was noted from an average number of 24 graduates per program in 1992, to 29 in 1993.

Accreditation:

The Council for Standards in Human Service Education is a major accrediting body, and as such, we wished to see how many human service programs took advantage of this already available resource. Twelve percent of the programs were accredited by the Council for Standards in Human service Education.

Field Placement Requirements:

Field placement is often a requirement of many human service programs in addition to course work. In looking at this requirement, we found that the mean number of hours required in field placement was 43 hours for certificate programs, 233 hours for associate degree programs, and 180 hours for baccalaureate degree programs.

Programs Based on Core Competencies vs. Core Courses:

Programs may be based on competencies or courses. The results indicate that most programs utilize both these methods. Ninety-seven percent of the programs responded they based their programs on core courses and sixty-four percent of the programs responded that their programs were based on core competencies. Although not discussed here, there were some differences found in programs that were based on core competencies as opposed to core courses.

Description of Core Competencies or Core Courses:

Core competencies or core courses were described in a course catalog by 79% of the programs, in a program manual by 27% of the programs, and in a self study report for accreditation purposes by 20% of the programs.

Curriculum Development:

It was also important to look at what types of standards human service programs may have used to inform their curriculum development. Sixty-three percent of the programs responded that they used a defined set of academic or industry skill standards to develop their curriculum. 29% used standards from the Council for Standards in Human Service Education, 15% used standards from the National Association of Drug Abuse Counselors, and 47% used a variety of other standards.

Assessment:

The assessment and evaluation of student performance in human service education programs occurs in several different contexts and it was important to look at what methods programs are currently using to assess their students. The following tables illustrate the trends we disocvered.

STRATEGIES USED IN THE ASSESSMENT OF LEARNER COMPETENCY

ASSESSMENT STRATEGY	% PROGRAMS USING SPECIFIC STRATEGIES
Direct Observation	51%
Classroom Exam	41%
Practicum Supervision	39%
Journal/Log	23%
Portfolio	13%
Comprehensive Exam Linked to Certification	8%
Other	6%

STRATEGIES USED IN THE ASSESSMENT OF MASTERY OF COURSE WORK

ASSESSMENT STRATEGY	% PROGRAMS USING SPECIFIC STRATEGIES
Classroom Exam	91%
Direct Observation	70%
Journal/Log	43%
Video	34%
Practicum Supervisor	21%
Portfolio	18%
Comprehensive Exam Linked to Certification	14%
Other	7%

STRATEGIES USED IN THE ASSESSMENT OF FIELD WORK

ASSESSMENT STRATEGY	% PROGRAMS USING SPECIFIC STRATEGIES
Practicum Supervisors	87%
Journal/Log	73%
Direct Observation	70%
Portfolio	18%
Classroom Exam	11%
Comprehensive Exam Linked to Certification	6%
Video	3%

Other Certification:

Along with degrees conferred, programs often qualified their students for other certification. 15% of the programs qualified their students for certification in CPR, 3% qualified their students for certification to pass medication, 29% qualified their students for substance abuse certification, 5% qualified their students for mental health counselor licensure, 11% qualified their students for social work licensure, and 24% qualified their students for other certification/licensure

Credit for Work/Life Experience:

It has long been recognized that skills and knowledge can be gained in ways other than by traditional classroom learning. Many schools and universities are beginning to recognize this and survey results indicate that 41% of the human service education programs surveyed gave students credit for competencies developed through previous work or life experience.

Responsiveness of Curriculum:

It is important to ensure that programs have the capability to prepare students to be contributing partners in their community and help to meet community needs. If, and how this is done will affect the vitality and survival of these programs. It was found that 67% of the programs utilize an advisory board, 79% utilize a field placement evaluation, 47% utilize a survey of community needs and resources, 5% utilize a focus group, 34% utilize a survey of human service providers, and 26% utilize other means.

Computer capabilities:

HSRI hopes to in the future develop curriculum materials on disk. As a result, it was important to know how many programs currently have the capacity to use such curriculum. It was found 61% of the programs have DOS capabilities, 50% of the programs have WINDOWS, 32% of the programs have Macintosh,

20% of the programs have CD-ROM, and 43% of the programs have capacity for telecommunications with a modem. Another 12% will get this capacity within the next year. 41% of the programs are currently connected to the Internet and another 21% will get this capacity within the next year.

APPENDIX F:

Skill Standard Implementation Demonstration Sites

1. **WILLIAM EBENSTEIN**
   (Site Coodinator)
   CONSORTIUM FOR THE STUDY OF DISABILITIES
   CITY UNIVERSITY OF NEW YORK
   535 EAST 80TH STREET
   NEW YORK, NY 10021
   PHONE: (212) 794-5486
   FAX: (212) 794- 5706

2. **JACQUELINE GRISWOLD**
   (Site Coordinator)
   HEALTH AND HUMAN SERVICES
   NH TECHNICAL COLLEGE
   2020 RIVERSIDE DRIVE
   BERLIN, NH 03570
   PHONE: (603) 752-1113
   FAX: (603) 752-6335
   E-mail: j-griswo@tec.nh.us

3. **AMY HEWITT**
   (Site Coordinator)
   CENTER ON RESIDENTIAL SERVICES & COMMUNITY LIVING
   COLLEGE OF EDUCATION
   UNIVERSITY OF MINNESOTA
   107 PATTEE HALL
   150 PILLSBURY DRIVE, SE
   MINNEAPOLIS, MN 55455-0223
   PHONE: (612) 625-1098
   FAX: (612) 625-6619
   hewit005@maroon.um.edu

4. **ANN ROMANO**
   (Site Coordinator)
   LOWELL MASSACHUSETTS SCHOOL-TO- WORK LOCAL PARTNERSHIP AT TYNGSBOROUGH HIGH SCHOOL
   MIDDLESEX COMMUNITY COLLEGE
   10 KEARNEY SQUARE
   LOWELL, MA 01852
   PHONE: (508) 656-3155
   FAX: (508) 656-3150

References

Bear, Propst and Malamud. (1982). The Fountain House Model of Psychiatric Rehabilitation. *Psychosocial Rehabilitation Journal, 5(1),* 47-53.

Bowen, J. N. (1994). The Power of Self-Advocacy: Making Thunder. In Bradley, Ashbaugh, and Blaney (Eds.), *Creating Individual Supports for People with Developmental Disabilities: A Mandate for Change at Many Levels* (p. 336). Baltimore, MD: Brooks Publishing.

Bradley, V. J., Ashbaugh, J. W. and Blaney, B. (1994). *Creating Individual Supports for People with Developmental Disabilities: A Mandate for Change at Many Levels* (p. 268). Baltimore, MD: Brookes Publishing.

Calculator, S. N. (1995). Communication Sciences. In Karan and Greenspan (Eds.), *Community Rehabilitation Services for People with Disabilities* (p. 279). Boston: Butterworth-Heinemann.

Carnevale, A. and Porro, J. (1994). *Quality Education: School Reform for the New American Economy.* Alexandria: American Society for Training and Development.

Chamberlin, J. (1984). Speaking For Ourselves: An Overview of the Ex-Psychiatric Inmates Movement. *Psychosocial Rehabilitation Journal, 15(3),* 3-19.

Children's Defense Fund. (1992). *Helping Children by Strengthening Families: A Look at Family Support Programs*. Washington, DC: a Kansas City parent educator.

Cochran, M. (1990). The Transforming Role. *Networking Bulletin, 1(3),* 25.

DACUM. (1990). *Educational Components of the DACUM Occupational Analysis*. Chicago: The American Association of Medical Assistants.

Department of Health and Human Services, Steering Committee on the Chronically Mentally Ill. (1980). *Toward a National Plan for the Chronically Mentally Ill*. Washington, D.C.: Public Health Service, U.S. Department of Health and Human Services.

Ebenstein, W. and Gooler, L. (1994). *Cultural Diversity and Developmental Disabilities Workforce Issues*. New York: The City University of New York Consortium for The Study of Disabilities.

Ganzglass, E. and Simon, M. (1995). *Skill Standards: A Tool for State Workforce Development System Reform*. Washington, D.C.: National Governor's Association.

Gardner, D. P. et. al. (1983). *A Nation at Risk: The Imperative for Education Reform.* Report of the National Commission on Excellence in Education. Washington, D.C.: U.S. Government Printing Office.

Jackson, S. (1991, Fall). *New Jersey Association of Community Providers, "Network" Newsletter.*

Kaiser, A. P. and McWhorter, C. M. (1990). *Preparing Personnel To Work With Persons with Severe Disabilities* (p. 5). Baltimore, MD: Brookes Publishing.

Kilborn, P.T. (1994, August 30). Home Health Care is Gaining Appeal: Providing New Jobs for Workers and Comfort to Patients. *New York Times*.

Kiracofe, J. (1994). *Creating Individual Supports for People with Developmental Disabilities: A Mandate for Change at Many Levels* (p. 287). Baltimore, MD: Brookes Publishing.

Knoll, J. A. and Racino, J. A. (1994). Field in Search of a Home. In Bradley, V. J., Ashbaugh, J. W. and Blaney, B. C. (Eds.), *Creating Individualized Supports for People with Developmental Disabilities: A Mandate for Change at Many Levels*. Baltimore: Paul Brookes Publishing.

Lakin, K.C. (1987). *A Rationale and Projected Need for University Affiliated Facility Involvement in the Training of Paraprofessionals for Direct-Care Roles for Persons with Developmental Disabilities.* Paper presented for the American Association of University Affiliated Programs to the Consortium for Citizens with Disabilities to support a recommendation for a Direct-Care Training Initiative in the 1987 DD Act. Minneapolis: University of Minnesota.

Larson, S. A., Hewitt, A. and Lakin, C. K. (1994). Residential Services Personnel: Recruitment, Training and Retention. In Hayden, M. and Abery, B. (Eds.) *Challenges for a Service System in Transition: Ensuring Quality Community Experiences for Persons with Developmental Disabilities*. Baltimore: Paul Brookes Publishing.

Michie, 1991.

Mount, B. (1994). *Creating Individual Supports for People with Developmental Disabilities: A Mandate for Change at Many Levels*. Baltimore, MD: Brookes Publishing.

Nelsen, B. J. and Barley, S. R. (1993). *The Social Negotiation of a Recognized Occupational Identity*. Ithica, NY: Cornell University.

O'Brien, J. and O'Brien, C. L. (Eds.). (1992). *Remembering The Soul Of Our Work: Stories by the Staff of Options in Community Living*. (pp. 11, 14, 45, 57, 73, 92). Madison, WI: Options in Community Living.

Responsive Systems Associates. (1991). *More Than Just a New Address: Images of Organization for Supported Living Agencies* (Perspectives on Community Building). Lithonia, GA: O'Brien, J and O'Brien, L.

Schalock, R. L. (1995). Assessment of Natural Supports in Community Rehabilitation Services. In Karan and Greenspan (Eds.), *Community Rehabilitation Services for People with Disabilities* (p. 224). Boston: Butterworth-Heinemann.

Schwartz, D. B. (1992). *Crossing The River: Creating a Conceptual Revolution in Community & Disability* (pp. 3-4). Cambridge: Brookline Books.

Southern HRD Consortium for MH/Center for MH Services. (1992). *Curriculum for Community Based Adult Case Management Training* (pp. 94, 177). Raiff, N. R.

Spaniol, LeRoy, Koehler, Martin and Hutchinson, D. (1994). *The Recovery Workbook: Practical Coping and Empowerment Strategies for People with Psychiatric Disabilities*. Boston, MA: Boston University.

The Commission on the Skills of the American Workforce. (1990). *America's Choice: High Skill or Low Wages:* Rochester: The National Center on Education and the Economy.

The National Empowerment Center. (1993). *How Community Psychiatrists and Consumer/Survivors Can Promote Mutual Empowerment*. Lawrence, MA: Fisher, D.

U. S. Department of Labor (1993, August). *High Performance Work Practices and Firm Performance*. Wahington D. C.: Office of the American Workplace.

Unger, K.. (1993). Creating Supported Education Programs Utilizing Existing Community Resources. *Psychosocial Rehabilitation Journal, 17(1),* 11-23.

Vash, C. L. (1992). Thoughts To Share With Educators: On Teaching "Consumerism" to Rehabilitation Students. *Rehabilitation Education, 6(3),* 251-255.

Wright, G. (1980). *Total Rehabilitaiton* (pp. 10-14). Boston, MA: Little Brown.

HSRI
Human Services Research Institute
2336 Massachusetts Avenue
Cambridge, Massachusetts 02140
617-876-0426