one i will hit record my name is this i am the cohost of the healthy brain webinar series welcome to our third webinar presented by the health matters program from the at the university of illinois at chicago in partnership with national task group and intellectual disability and dementia practices we're funded by the centers for disease control and prevention through the healthy brain initiative contents are slowly

The responsibility of the authors and do not represent the official views of the CDC.

Couple of housekeeping items are not offered for these webinars.

Each live webinar will be recorded and we will make it available to view on YouTube with resources and the PowerPoint deck. We will let, you know, send an email when those are up.

It's usually happens in about a week.

And then please use chat box for any comments and questions we will have about 10 to 15 minutes of question and answer at the end of this presentation.

I wanted to to introduce today's presenter.
They will be presenting on promoting direct support, professional resilience, synthesizing findings to make an impact.

11 "Jasmina Sisirak" (1641027072)
00:01:36.475 --> 00:01:51.294
The presenter is Melissa. The rush. Welcome, Melissa. A little bit about Melissa. Melissa, the rose is an assistant professor of community nursing at the University of Massachusetts. Dartmouth. She's a nurse researcher, and educator.

12 "Jasmina Sisirak" (1641027072)
00:01:51.475 --> 00:02:04.945
Her current research interests are around reducing the inequities, experienced by people with developmental disabilities with a particular focus and healthcare provider attitudes and their contribution to poor health outcomes for people.

13 "Jasmina Sisirak" (1641027072)
00:02:04.950 --> 00:02:07.050
For the intellectual disability.

14 "Jasmina Sisirak" (1641027072)
00:02:08.845 --> 00:02:15.985
Today's presentation will be focused on direct support professionals, being an essential support for many people with intellectual and developmental disabilities. Despite this, there have been few initiatives to support the resilience of DSPs. During challenging times, such as the Covid, 19 pandemic.

15 "Jasmina Sisirak" (1641027072)
00:02:16.345 --> 00:02:27.685
In this webinar, we present key findings of our research that investigated practices that help DSPs of adults with intellectual and developmental disabilities to be resilient, based on interviews with DSPs who are able to thrive.

16 "Jasmina Sisirak" (1641027072)
00:02:27.685 --> 00:02:36.925
Despite the challenging circumstances of the Covid, 19 pandemic.

17 "Jasmina Sisirak" (1641027072)
00:02:37.050 --> 00:02:43.920
Melissa welcome and fill in, uh, anything that I missed. Thank you. Everyone to who are attending the webinar.
Thank you, thank you very much for that introduction and for the invitation to be here today,

I'm really happy to be able to share these research findings with you and I just like to acknowledge and think the direct support professionals who participated in this research study during covid, 19,

with everything else going on that allowed us to bring voice.

To the DSPs themselves so thank you. Um, if you happen to be somebody who participated, um, so next slide please.

So, today, I'd like you to be able to walk away, come away from this session, rather with, at least 3 practices that direct support professionals can use to help them thrive in their role.

So, if you're a DSP listening, I hope we have some tangible outcomes for you. And if you are a person who employees DSPs, if.

You're a person with developmental disability, or if you work in an agency, at least 2 strategies that you can use to support DSPs who you work with our employee to be resilient.

Next slide please,

so direct support professionals if you're not familiar with the term are people who provide needed supports to people with a variety of health conditions we use this terminology often when we're
caring for supporting people with intellectual and developmental disabilities, other names might be direct care workers care staff, care attendance.

Um, but when we look at people who provide support specifically to people with intellectual and developmental disability, there's more than a 1Million DSPs the abbreviation I'll use, um, in the United States. This was prior to the pandemic.

A direct support professional is someone who again works directly with people with intellectual and developmental disabilities to help them meet their daily needs. But this is a role that is different from a caregiver.

Somebody who's providing care. Um, GSP is have a special world where they're supportive. So, they're supporting people with intellectual and developmental disability to live in community settings. They're helping them to be engaged community members.

So this is different.

Caregiving.

And very important resource to support people being able to live in the community.

Next slide. Please.

So, what we know about DSPs are that they are a stigmatized workforce, they thieves stigma, most direct support professionals, not specific to intellectual and developmental disability,
specializing DSPs, but most are from historically disadvantaged backgrounds. The majority are female. They're of color.

They're middle aged or older, and they are more likely to be relying on some form of public assistance. So stigmatized because of social status.

In addition, direct support professionals who support people with intellectual and developmental disability also face stigma by being associated with people with intellectual and developmental disability who we know face massive amounts of stigma in society.

We know that DSPs are a huge work for us more than a 1Million strong, but they really invisible in terms of resources and support for them to be able to do their role. They don't garner.

Same attention that other essential workers or other healthcare professionals garner you might say the word direct support professional and somebody actually doesn't know what that term means. Um, next slide please.

So we do have, and we have had a long standing and massive direct support, professional workforce shortage and this has been documented for decades. Even before the pandemic.

This was referred to as a crisis. This was at crisis levels and back in 2017, there was a report to the president by the President's Council on intellectual disability that revealed the staffing levels were untenable. levels were untenable.

And they couldn't be sustained anymore because of stress.

And burn out among the direct support professional workforce.
And there were contributing factors that were identified, so very high staff turnover, meaning people are coming into the role and then they might stay a short period of time usually less than a year. And they're leaving.

um the population of people with with intellectual and developmental disability that they're supporting is aging so they may have more needs that go along with that in terms of complex conditions

We have fewer direct support professionals entering the workforce.

There are low wages little benefits.

We know that the schedule and the time off can be challenging when you're working in somebody's home and there's 24, 7 demand for services. Um, high stress.

A lack of training oftentimes lay people are coming in and have a week or 2 of training and are expected to be able to perform a job independently.

And then again, that lack of recognition and status for skilled, direct support professionals.

Next slide please. So, all of that, as mentioned was documented in 2017 before covid 19 happened.

So before covid, 19 occurred, we had an annual turnover rate of direct support professionals who support people with intellectual and developmental disabilities of 44%.
So, 44 out of 100 were coming into a role and leaving every year. And so you can see we have. and so you can see we have

To pull news articles, and I, every time I give this presentation, I look for new articles and they are, they continue to be published. This is something we're really not making a dent on some of the, the titles.

We're beginning to see the collapse of the system. A shortage of direct support staff, the big impact on people with developmental disabilities.

So this isn't just a problem because it's harder for the existing to work and get their job done when they're.

Short staffed, but the impact on people with developmental disabilities who rely on direct support professionals for their basic everyday needs.

Including being a value member of the community.

Next slide.

Yet we find not everybody is leaving, right? Despite really the insurmountable challenges that covid 19 brought to light some GSPs.

Stayed, and I reported to be thriving, so a research study that was conducted by myself and my team, um, during the covid 19 pandemic revealed that many DSPs,
we're flexible. They were creative. They have positive attitudes they were going above and beyond, despite the challenges that they face during covid.

66 "Melissa Desroches" (1074585088)
00:10:21.449 --> 00:10:25.799
Next slide please.

67 "Melissa Desroches" (1074585088)
00:10:26.064 --> 00:10:35.964
So we have spent a lot of time in research focusing on the stress and burnout piece of our health care workers, and of direct support professionals.

68 "Melissa Desroches" (1074585088)
00:10:36.144 --> 00:10:49.134
But what we haven't spent a lot of time doing is looking at what helps people to stay, what helps people to persevere through challenges and remain thriving in their roles.

69 "Melissa Desroches" (1074585088)
00:10:49.229 --> 00:10:58.829
And so, when we talk about the ability to thrive in the face of challenges and adversity, the term that we use for that in research is resilience.

70 "Melissa Desroches" (1074585088)
00:10:59.244 --> 00:11:00.504
Next slide please.

71 "Melissa Desroches" (1074585088)
00:11:05.094 --> 00:11:18.084
So, when we look at the research literature on resilience of direct support professionals, who support people with intellectual and developmental disabilities, there have been 3 studies conducted and they are actually pretty recent.

72 "Melissa Desroches" (1074585088)
00:11:18.084 --> 00:11:28.824
So, since that President's report came out, interestingly, they're all from mid Western USA. So not necessarily generalizable to the whole country, but that's okay. They give.

73 "Melissa Desroches" (1074585088)
00:11:28.829 --> 00:11:34.769
That's our starting basis of knowledge. And so what is known is that among DSPs.

74 "Melissa Desroches" (1074585088)
00:11:34.769 --> 00:11:44.399
Resilience is kind of the connecting piece between self care what somebody does to take good care of themselves and.

75 "Melissa Desroches" (1074585088)
00:11:44.399 --> 00:11:56.639
How they feel about their jobs as DSP so, resilience is that connecting piece? It mediates that relationship between what I do to take care of myself. And how I feel about my job.

76 "Melissa Desroches" (1074585088)
00:11:56.639 --> 00:12:09.239
Another finding is that direct support professionals who measured high on indicators of resilience we're motivated by specific things. They were motivated by their families.

77 "Melissa Desroches" (1074585088)
00:12:09.239 --> 00:12:18.839
They were motivated by their social relationships, and they were motivated by a desire to contribute and to improve and to better society.

78 "Melissa Desroches" (1074585088)
00:12:19.884 --> 00:12:33.474
And then finally, the 3rd, finding in the research is that as resilience increases in DSPs, the level of emotional exhaustion or the frequency of emotional exhaustion decreases.

79 "Melissa Desroches" (1074585088)
00:12:33.624 --> 00:12:38.154
So, as we can increase resilience, we can decrease emotional exhaustion.

80 "Melissa Desroches" (1074585088)
00:12:38.459 --> 00:12:42.089
Next slide please.

81 "Melissa Desroches" (1074585088)
00:12:42.444 --> 00:12:51.204
When we look at the research on interventions on what people are currently doing to promote DSP resilience, and this is from the research.

82 "Melissa Desroches" (1074585088)
00:12:51.204 --> 00:13:05.124
So not necessarily all of the things that might be going on in individual agencies that haven't risen to the research journals. Um, but we found 2 studies that have looked at evidence based practices for DSP resilience.

83 "Melissa Desroches" (1074585088)
Now, both of these came out of the United Kingdom. So we haven't found anything in the United States.

Study showed that a 2 day Mindfulness and emotional coping training helped to reduce direct support professionals, psychological distress.

So, not resilient specifically, but kind of related, right? Their psychological distress.

And then another article looked at a brief. Resilience workshop, and it didn't say how long the workshop was, but it was related to challenging behavior and how to manage challenging behavior and that study found that DSPs who had that training were able to decrease their emotional reactions to the challenging behavior.

So, there's some evidence that these interventions related to resilience can have positive effects with DSPs.

However, we actually haven't measured that resilience itself and theory about resilience hasn't guided these research studies. So we're close.

We're kind of coming at it from all different lenses, but we haven't gone straight for the concept of resilience or thriving during challenge.

Next slide please. So this is what we identified in research. We always look for our major gap in the literature. Meaning where is the
whole what is the big question that we're trying to answer?

And so our big gap our big whole was that we found no studies that examined DSP resilience and what helps direct support professionals to thrive during challenging times.

From the voice of the direct support professional, meaning nobody has asked them and published that.

Next slide. Please. So, that is what we thought to do through our DSP thrive research study. My Co investigator. Dr marinda tile here at the University of Massachusetts Dartmouth together.

We had funding from our university for an an internal funded study.

And so we looked at what are the practices that contribute to the resilience of DSPs, who support people with and so basically, we conducted qualitative telephone interviews using zoom technology, and this was last year.

So, February to August, it was hard to get to people during that time during covid out of respect for how busy people were the summer time, made that a little bit easier as we had a dip with the covid cases.

We ultimately were able to speak with 10 direct support professionals who were referred to us by their employers in some cases themselves, or their peers for being very resilient. Somebody saw that in them or they recognized that.

Yeah, this is me.

We invited them, or we had recruited them by sending email flier
invitations to developmental disability service provider agencies and through nursing contacts through the developmental disability nurses Association.

And a lot of nurses work with direct support professionals in their agencies.

Next slide please so off the DSPs who responded our sample of 10. we had 90% were female. We had 1 mail. 80% were white. 1 was African American 1 was Cape Verdean. cape verdean

50% worked in group homes, so we had a large representation of residential care staff.

Um, 70% were from the Northeast, the age range was 20 to 51.

And the years of experience varied between 1, year of employment to 16 years of employment, as a direct support professional.

Next slide please.

Okay so our findings we ultimately, through this study found 5 practices that contribute to direct support professional resilience.

So these are practices on the level of the DSP, or even within their agency, but we didn't address broad factors, like, pay salary, occupational work, force, status things like.

So, I'll practice the findings with that.
Next slide please. So the 1st practice that DSP is identified is very important to helping them.

Thrive was communication and communication encompassed communication with the people that they support.

With the families of the people, they support as well as other DSPs and staff. So the ability to make a meaningful connection with the people that they support.

And specifically a lot was said about people who don't use verbal language that was identified as very important, being able to make that interpersonal connection.

Also communication that supported the ability of the DSP to understand what's the bigger picture of what's going on with the person.

So they talked about getting their shift report or reading their communication log for the day after they were getting somebody home from day program.

And instead of just hearing about what happened, you know, on the ride home, looking at, okay with the last 2 days, when you were here, this is what's been going on with Jim. He's been really upset because his family didn't come see him last week.

And getting that bigger picture that way, the DSP was more prepared to be able to communicate and engage with the person in a way that was meaningful.

Communication again, also related to relationships with the staff, and
being able to have just have a brief time to vent with a trusted colleague, and the idea was to vent and move on not to dwell on it.

121 "Melissa Desroches" (1074585088)
00:18:53.514 --> 00:19:00.714
But to briefly get something off their chest with a trusted colleague to cope with stress was very important to them.

122 "Melissa Desroches" (1074585088)
00:19:01.014 --> 00:19:09.264
And usually that colleague was somebody that they respected that had been in the field for a long time and could also give that broader perspective.

123 "Melissa Desroches" (1074585088)
00:19:09.269 --> 00:19:12.839
Um, related to kind of putting the days events, um.

124 "Melissa Desroches" (1074585088)
00:19:12.839 --> 00:19:26.664
In importance, communication was also a foundational aspect of teamwork. Teamwork was another major finding that really went under the umbrella of communication, but there's a need to be highlighted.

125 "Melissa Desroches" (1074585088)
00:19:27.144 --> 00:19:34.794
Um, teamwork was important for the DSPs among themselves to provide care. That was safe and effective.

126 "Melissa Desroches" (1074585088)
00:19:34.794 --> 00:19:42.774
They talked about the impact of having a lot of different staff rotating in and out of the team, and having a consistent team where people could trust.

127 "Melissa Desroches" (1074585088)
00:19:42.839 --> 00:19:51.209
To each other, and where the persons supported also could trust the staff and knew how to communicate. It was very important.

128 "Melissa Desroches" (1074585088)
00:19:51.624 --> 00:20:05.394
And then teamwork with the people that they supported, particularly in group settings in the day habilitation setting it out in community settings. So building a sense of team that yep, we're doing this together. And what would the team like to do and okay.

129 "Melissa Desroches" (1074585088)
00:20:05.394 --> 00:20:12.564
We're going to trade off if we don't get to do this activity, let's
vote as a team and making decisions as a team.

And so there's a quote that really encapsulates or I don't know if that's right but what communication is all about in light of this study and the idea.

That you need to listen, you really need to listen.

I listened to the client, I listened to them. I sit back even in our conversations when they're having conversations amongst each other. I listened to them and that's how I learned. And that's how I learned the different things that they like, and what they say.

And so I listen and I learn so really that you are not just doing tasks, but you're communicating to know, and understand another person and to build a sense of teamwork.

Next slide please self worth and recognition.

Was our 2nd, major finding, and they're not really in any order, not ranked order. Um, but it should come as no surprise that positive recognition is important to DSPs to thrive.

And this recognition can come from people that they support themselves. And maybe the family members. It may be the agency leadership oftentimes agency leadership wasn't who the DSPs were talking about.

It's when they got that feedback from family.

Members or from the people that they supported themselves in general, the DSPs prefaced describing this need with overall talking about how
they really didn't feel valued in society.

139 "Melissa Desroches" (1074585088)
00:21:38.904 --> 00:21:48.354
And how people don't see them. They don't think their role is very important. Um, and that that really weighed heavily on them that lack of societal value.

140 "Melissa Desroches" (1074585088)
00:21:48.929 --> 00:22:01.704
And so a few strategies that they identified 1 was when agency leaders, um, took the time to listen to what the DSPs had to say, and not just in a reactive way,

141 "Melissa Desroches" (1074585088)
00:22:01.704 --> 00:22:14.304
but through purposefully engaging with the DSPs, and including them in, in decisions that affected people's everyday lives and then also followed up.

142 "Melissa Desroches" (1074585088)
Made changes, or came back to them and said, okay, I looked into this and this was the outcome and this is why but having that follow up.

143 "Melissa Desroches" (1074585088)
00:22:21.809 --> 00:22:29.309
Um, again, the positive feedback from the people that they supported as well as the families, um.

144 "Melissa Desroches" (1074585088)
00:22:29.309 --> 00:22:41.729
That again was very much linked to meaning with them that they were doing something meaningful and, and having self worth from helping others. And so a positive impact that positive impact piece. Um.

145 "Melissa Desroches" (1074585088)
00:22:41.729 --> 00:22:46.919
Was a major piece of what helps people to stay and thrive despite challenging times.

146 "Melissa Desroches" (1074585088)
00:22:47.424 --> 00:23:01.524
next slide please so going along with that going along with that communication piece um and with the with the meaning piece really getting at building an authentic and

147 "Melissa Desroches" (1074585088)
00:23:01.584 --> 00:23:16.584
equitable person to person relationship with the people that they
support with the people with intellectual and developmental disability so not not having you know i'm a nurse so not having like a nurse
patient relationship or a

148 "Melissa Desroches" (1074585088)
00:23:16.919 --> 00:23:29.849
Your client relationship, but having really a person to person
relationship. Um, so if you're in the healthcare provider world, this
person centered, um, getting to know the person as a person.

149 "Melissa Desroches" (1074585088)
00:23:29.849 --> 00:23:38.844
1st, and as an individual, and it was highlighted that getting to know
the person based on your own experience, with the person is important.

150 "Melissa Desroches" (1074585088)
00:23:39.264 --> 00:23:48.954
Because a lot of bias the DSP reported is spread among staff about
different aspects of supporting different individuals.

151 "Melissa Desroches" (1074585088)
00:23:49.254 --> 00:23:59.484
And so they reported that often times, you know, they may hear this or
that about an individual that they support. But when they actually
meet the person, when they actually engage, they haven't had that
problem at all.

152 "Melissa Desroches" (1074585088)
00:24:05.224 --> 00:24:12.594
And you think about this in our everyday workplaces, there's certain
people, individuals that we blend with, or we don't blend well with.
So, this shouldn't be any surprise when we blend multiple people when
we blend people with.

153 "Melissa Desroches" (1074585088)
00:24:13.224 --> 00:24:18.894
And that of course, some people are going to align and some people are
so just having that recognition that.

154 "Melissa Desroches" (1074585088)
00:24:19.169 --> 00:24:23.399
I need to make my own relationship and gauge from my own experience.

155 "Melissa Desroches" (1074585088)
00:24:23.399 --> 00:24:32.399
The other thing was emphasizing that respect and the shared humanness
and the quote on the side here.

156 "Melissa Desroches" (1074585088)
00:24:32.399 --> 00:24:47.364
they're people just like we are you know they may have a disability but they're just like we are so the people that were thriving were able to see that you know kind of cutting through all the baloney on one person supporting another person they had to the

157 "Melissa Desroches" (1074585088)
00:24:47.364 --> 00:24:53.994
dsp has had to do some discernment though right because although there's that equity in the relationship

158 "Melissa Desroches" (1074585088)
00:24:54.269 --> 00:25:03.444
Still direct support professionals right? So we're doing a service, these DSPs and so recognizing that. Although we want to build an equitable relationship.

159 "Melissa Desroches" (1074585088)
00:25:03.444 --> 00:25:13.014
It's not really about me and my need, I need to discern how much of my real life is appropriate to share. What things can I tell this person? Should I not.

160 "Melissa Desroches" (1074585088)
00:25:13.289 --> 00:25:16.379
Share with the person, um.

161 "Melissa Desroches" (1074585088)
00:25:16.379 --> 00:25:24.179
Sugar coating was something else, um, that these DSP is talked about the opportunity for people to make choices.

162 "Melissa Desroches" (1074585088)
00:25:24.179 --> 00:25:32.754
And try, even when there is the possibility of failure, or being let down, but the idea that if I walk in and say, everything's going to be fine,

163 "Melissa Desroches" (1074585088)
00:25:32.754 --> 00:25:44.424
don't worry about it or giving sympathy a lot of sympathy and not reality didn't help towards that equitable. And real relationship.

164 "Melissa Desroches" (1074585088)
00:25:45.624 --> 00:25:56.124
Next slide please so embracing change and learning. This was a big 1 and it may be because of the covid, 19 pandemic. It may not be.

165 "Melissa Desroches" (1074585088)
00:25:56.124 --> 00:26:07.794
It may be a long standing, finding more research will need to, to
weigh that out. But ultimately, the DSPs talked about how their role can be really very unpredictable.

166 "Melissa Desroches" (1074585088)
00:26:08.064 --> 00:26:14.604
It can change according to, who are the people that you are working with and you are serving in a given.

167 "Melissa Desroches" (1074585088)
00:26:14.699 --> 00:26:27.179
Day if you are moved to another house or another location, or somebody's health status changes that you're supporting, and you need to learn new skills. So, flexibility and adaptability. Very important.

168 "Melissa Desroches" (1074585088)
00:26:27.179 --> 00:26:35.669
And the recognition that this is to be expected, that this is just part of the way it is, um, change is happening.

169 "Melissa Desroches" (1074585088)
00:26:35.669 --> 00:26:49.739
The idea of letting go of control to that there is going to be somebody else that's going to do something and it's gonna be different than the way that I do it. And it's not that that's a bad thing. We can have 2 different methods.

170 "Melissa Desroches" (1074585088)
00:26:49.739 --> 00:27:04.409
And they can both be. Okay, now, obviously there's a little bit that goes along with following policy, but when there's not a breach of policy or anything like that, going on the recognition that it doesn't have to be my way or the highway. Right? We can both have our own way is important.

171 "Melissa Desroches" (1074585088)
00:27:04.409 --> 00:27:16.619
Putting a positive spin on changes so looking at change as an opportunity to grow as an opportunity to learn, perhaps new skills to have a new tool in the tool belt.

172 "Melissa Desroches" (1074585088)
00:27:16.974 --> 00:27:26.964
And along with that, reflecting on, what can be learned from past experiences so, a lot of self awareness and introspection and looking at,

173 "Melissa Desroches" (1074585088)
00:27:26.994 --> 00:27:40.824
how can I learn how can I grow training and education was spoken of, by a lot of the DSPs as important, particularly when they were newer,
um, and related,

174 "Melissa Desroches" (1074585088)
00:27:40.824 --> 00:27:44.034
or they had rather a newer, um.

175 "Melissa Desroches" (1074585088)
00:27:44.724 --> 00:27:52.374
And you were requirements, so it's something that was new to them.
Maybe they're not new in the job and now they're doing something new,
or they need to provide a new care task.

176 "Melissa Desroches" (1074585088)
00:27:52.433 --> 00:28:00.084
Um, so the ability to have training and to feel that they were well
prepared, helped them to thrive.

177 "Melissa Desroches" (1074585088)
00:28:01.014 --> 00:28:11.394
As mentioned before really tailoring what policies may be in place and
finding one's unique style kind of. How do I do this?

178 "Melissa Desroches" (1074585088)
00:28:11.394 --> 00:28:22.734
And to have that self efficacy that I have my own way and, um, and I'm
doing this right? And I'm doing a good job and I can shift and I can
adapt and I can pivot, but I can kind of own this and have a little
pride in that.

179 "Melissa Desroches" (1074585088)
00:28:23.039 --> 00:28:32.309
On the call here talks about change happens every day, and you just
have to roll with it. And I think that sums up well, um, this
practice.

180 "Melissa Desroches" (1074585088)
00:28:32.309 --> 00:28:44.369
Next slide please. So, boundaries was a big 1, um, with both people.

181 "Melissa Desroches" (1074585088)
00:28:44.394 --> 00:28:58.524
And time, so respecting the boundaries, not the DSP, but the DSP
respecting the boundaries of the person with intellectual development
disability that they served, um,

182 "Melissa Desroches" (1074585088)
00:28:58.554 --> 00:29:06.324
in terms of their communication, in terms of maybe their values and
beliefs. Um, so some examples of this.
Um, described.

Times when it would have been easy for the DSP, just to tell a family member, kind of what went on about an incident that happened and so that, that DSP that family member can know, you know, what that didn't do anything wrong.

Everything's okay. But the recognition that that's kind of paternalistic to not give somebody the opportunity not to give the person serve the opportunity to describe what happened in their own words. And then that really limits that person's freedom. So.

Of course, encourage this person to give their account of what really happened. And then I'm going to fill in the gaps and I'm going to assist, but having that boundary around communication that this is their relationship with their family member and I'm going to support that.

And I'm not just going to kind of dive straight over another example related to boundaries around communication and family members that came up with something that was watched on television about death and dying.

And the person was asking about.

The person supported was asking about heaven and what happens when people die and the JSP was was very cautious, but well, how, how should I approach this?

This isn't my family right in this family that I'm supporting the, the
individual and the family has values and beliefs. And so how should I address this?

And so having that open communication with the family was very helpful and a source of support to the DSP to know that, you know, what I'm doing is in line with.

The desires and wishes of this individual and this family.

Another boundary related to setting boundaries around when the DSP was available in terms of to communicate with people start.

So now, we know we're in the time of zoom and Webex and text messaging and it's not just what goes on during a typical work day.

And so we have that people text them their 5 a day, the Special Olympics, 55 fruits and vegetables. 5 glasses of water I don't remember all the other 5 things. things

And then they might get upset when the, when the DSP didn't text them back right away. Um, and so the really had to set boundaries around that like.

Okay, if I don't respond to you, it's because I'm probably helping my mom, I care for my mom, or I might be doing something with my husband so just know you can text me, but I might not get back to you right away.

I'll see you tomorrow morning, it'll be okay and setting that expectation.

Others had other policies about, you know, where, and when they would
have that interpersonal communication.

Um, another boundary related to work hours, of course, but in terms of scheduling, so learning their own limits in terms of.

How much overtime is too much overtime who are people supported that the DSP it's too draining for them to work with on a regular basis, or too many shifts in a row maybe,

because of challenging behaviors or just personality mismatch. So placing limits on that, and not involved, recognizing.

What are the symptoms of when I'm getting burnt out? What changes do I see and myself? Um.

That are warning signs for me that say, hey, I have to put the brakes on, or I have to speak up to my supervisor and say, you know, what? I'm happy to work an extra shift but I can't work it in this residents. With this person.

You got to try to move something around so the boundaries are very important in many, many different ways.

Next slide please so intentional mindset.

Um, 1 phrase that came up quite a bit was you gotta leave your problems at the door, leave your problems at the door.

Um, it was a conscious daily decision that these thriving DSPs made not to bring their problems from their personal lives into work. And it was interesting because more than 1 person used that exact phrase.
So, something, something really to consider, I think for all of us, what can we leave at home that we don't need to bring into our work lives.

I mentioned that sympathy piece before DSPs weren't sympathetic. Towards people with, and I know that might come across as startling. But the, the idea of sympathy that these DSPs shied away from. Was feeling sorry for so that sympathy being when you are sorry for someone, when you pity what someone's going through, when you're sad for what somebody is going through.

Versus having an intentional mindset of being empathetic. So empathetic being, I am viewing this situation from the perspective of the person if I was this person. And according to how best I know this person.

What is this experience? Like, what does this perspective? Like? Because there was an awareness that in society, there's a lot of sympathy, right? A lot of sympathy a lot of feeling sorry for a lot of feeling like people are suffering, or we need to pity.

Not the case of these DSPs, they saw strength and these, they were empathetic to the fact that yes. Certain things may be more of a struggle, but how can we recognize that and work together and move through these.
Challenges versus just it's okay, that goes along with that sugar coating finding. It's okay. You can't tie your shoes. I'm going to tie them for you every day. That's what I'm here for.

Empathy might be like, all right, this is a challenge. How can we work through this together? What can we do to get this job done and then look at a variety of solutions.

To not be dependent, um, another focus of intentionality of being intentional. A conscious choice was calmness.

Really cultivating an intercom.

As opposed to being reactive, so it links to being able to take that broad focus when we talked about communication looking at the big picture.

Because when you can recognize, you know, it doesn't help anybody to go t*** for tat in the moment, and to go back and forth and to try to win,

try to try to come out higher in terms of power you don't want to get into a power struggle and being able to take a step back and detach and maintain that calm was very helpful to the DSPs.

Ultimately, recognizing that the DSP mindset, all of these elements of mindset.

Set the tone for the day for the person, or.
people supported whether that be in the residential setting or day setting or community based services but really that that tsp is influential for what kind of day not only the dsp has but the people who they support have so that
cultivating that positive atmosphere um was very important
Next slide please.
So 1 of my favorite findings to come out of this study was humor and fun and this often did not require much effort according to the, it was just a natural outpouring of spending time with people with.
And the DSP is reported that people with intellectual and developmental disabilities, they find generally to be good natured and to.
And joy to be fun people to be around. Of course, there's always unique differences, but just in general that this was a group that likes to have fun.
And so, when faced with something challenging, when faced with a conflict or a potential difficulty, the direct support professional often used humor to distract from the situation,
or deflect was aware of used a lot by the GSP is related to humor and really retain that light hearted atmosphere, so again, rather than going at things with a power struggle with negativity with force using humor.
For the DSP is using humor, even on themselves, making fun of oneself.
Really allowed them to be able to move from anger and frustration and to give them a little distance from the situation so that they then could laugh at it. So being finding something funny.

Um, in order to do that, you have to, you have to be able to distance yourself from the situation a little bit. And so that was a skill that these DSPs learned. They, they made.

And of themselves, sometimes the people that they supported with intellectual development, disability playfully made fun of them as well. And so they can kind of rag on the DSP a little.

But again that this was a daily practice, um, the DSP has talked about too, and the call on the right here illustrates.

You know, in many cases, some of the settings where people with intellectual development and disability are spending their time, whether it be in their home, and we're asking them to take care of their homes and do chores, um, or in day habilitation settings, where they're not getting paid,

but we're having them work on daily goals right? What's the real incentive going every day? What what's the true incentive but that when you can make something fun, and you can make something engaging that you can get the work done.

Um, and it can be a positive experience.

And so some of the things that helped the day to pass in a fun and light hearted way would be telling jokes celebrating, celebrating different holidays and events.

Um, asking the people themselves that they work with, that they
What do you want to do? That's fun. What would be fun to do? Not always having to be the 1 to come up with something the teasing and just really celebrating each day as an opportunity to.

Have fun next slide please.

Self care no surprise that this binding came up. We saw this in the literature review.

We know that resilience mediates the relationship between self care and professional quality of life, which is related to resilience and staying in your role.

And so, as the code says, if you can't take care of yourself, you can't take care of nobody else.

Um, and ultimately the biggest self care strategy that DSP is discussed was having time.

For what matters most and now what matters most varied by the individual but the idea that how they were spending their time, they were prioritizing what matters most.

So not mindless stuff, not fights are squabbles on the side, but that they were taking time to really fill their cup.

And so these strategies different, but some of the things that were in common among these DSP is, we're spending time with loved ones who may be human, or they may be pet. So, as per your birds.
Um, exercise was mentioned by a couple.

Hiking and being out hydration, so just making sure to get in enough water reading kind of mindless reading meditation a personal rooming.

Somebody talked about when you're working multiple shifts in residential, um, going home to take a shower. I mean, like yeah, that's important. And that, that actually was role modeling to the people that they supported that. Yeah. The way I take care of myself is important.

It helps me to feel good. How I present myself to others is a reflection on me.

Going out for a drive to get coffee.

The DSPs talked about how self care didn't necessarily always have to be time spent alone, but that some of these things they enjoy doing with the people with intellectual developmental disability that they supported, um,

things like the exercise going out for walks walking to the track hydration. Encouraging that you can encourage each other. Meditation was something that was also done together.

Uh, being finding, and again, I don't know if it's covered specific. We'll need to look at it in the future is nature and emphasis on nature. Um, time spent in nature. It was.

Self care among multiple DSPs and there are many research studies that show the impact on stress levels that spending time in nature helps to reduce. Um, so.
This was something that wasn't always going outside or going on a hike or going to a park. Well, they did talk about going outside, but sometimes sitting by a window and watching the birds.

And really having a mindful moment, just being part of nature, looking out at a tree and noticing what are the different birds, what does the leaves looking like, uh, but linked with mindfulness being in the present moment, being in nature.

And then, of course, no surprise venting speaking with spending time with friends and loved ones to distress.

Next slide please our last of the 9 practices.

Spirituality and the bigger picture, um, that linked to meaning.

So some DSPs did make direct reference to practices of faith or prayer or spirituality connecting with a higher power.

Others talked about self reflection and learning and growing in light of some larger meaning for.

For being that, there's a bigger force in control than me and my individual life.

Um, there was this, this talk of at the end of the day, multiple DSPs use the phrase at the end of the day, not at the end of that work day specifically but at the end of the day,
I have to do what's right at the end of the day. I'm focusing on what's important at the end of the day, as opposed to really taking a very short, short lens. Like right now, I have to.

This right now.

At the end of the day, what's the big picture? DSP is a lot of them talked about that?

They were meant they felt that they were meant to be a DSP at that time that this is something that was that was really meant to be in a metaphysical way. Um, and they often saw that challenges.

Gave them a really a greater appreciation for what's truly important in life.

So challenges that they may have personally experienced that led them into working as the DSP or personal challenges that you've faced in their role. Um, but that sometimes these challenges really to help them to focus on what's.

What's important and so here the quote talks about paying attention and so

I turned more into spirituality, not questioning life or reading articles, but really paying attention paying attention. So that mindfulness and focusing really on like.

What's important being awake to that next slide please.
So, now you've seen all 9 practices that our shared with us and so we're going to put them kind of, in the context of what we already know about resilience from other health professionals and resilience among people with intellectual and developmental disabilities, which has been more well studied,

so we did find that there's some overlap with factors among other health care professionals, like nurses, the focus on the positive mindset.

Learning self care paying attention in the present moment social connections so a lot of overlap there an overlap with people with intellectual and development and disability and their resilience that social network,

but the importance of leisure activities, fun activities and accepting challenges and changes with a positive attitude.

An interesting finding was that our study showed that direct support professionals were more resilient when they could let go of control.

And that persons with.

We're more resilient when they gained a sense of control. So you can see how those 2 findings, um, compliment each other. What needs to happen for both to be resilient is a shift in that control.

Next slide please. So, our study does have limitations.

So, the strength is, this is the 1st study to look at direct support
professional resilience from the perspective of DSPs.

However, we have difficulty retreat recruiting during covid-19, our sample ended up predominantly white and from the Northeast U.S. so just like, we had looked at the previous literature. It was largely.

From the Midwest, this study is largely from the Northeast.

Also, all of these direct support professionals were employed more than 1 year. Um, so they may or may not accurately remember the things that helped them to be resilient earlier in their career.

And because this study captured, the experiences of DSP is at 1 point in time. We're not able to track for changes over time and how people may feel their resilience changes or what contributes to changes over time.

Next slide please. So, if you are a direct support professional, how can you use these study findings in your practice? So getting out what helps us to build habits? Because ultimately it's about building habits.

So selecting 1 of the practices that we talked about today. I'm setting a goal to incorporate it into your daily routine for 3 weeks in 3 weeks is usually the timeframe we used for what it takes to build a habit and what I'm.

Voting here is not my own work in these colored boxes. This is atomic habits by James clear.

I don't know if you've had the opportunity to read it, but I highly recommend if you're looking for a way to build a habit to check out this book, you want to make your new habit. Obvious. So you want to leave your problems at the door, make it obvious.
Is there something you can put as can you put a sign on the door to leave your problems at the door? If you're trying to infuse more fun and humor in your day, can you get a Newsletter that sends you jokes or positive stories each day. Can you get a notification like that? Um, making it rewarding. So, if you're trying to do something and it's not easy for you a new habit. Apparently it was something that you love so for instance if you want to start a morning meditation practice like i have do it before you do something you love to do so you get to do what you love to do when you do that practice live meditate and then i love to snuggle my warm golden retriever before i have to get my day going again make it easy don't set yourself up with a habit that you're going to have this complex plan commit to trying something new or doing something new. For me, the only even 2 minutes so you're going to exercise I'm going to go. Every day I'll on a walk for 2 minutes down my street in nature. Chances are, if you can commit to telling yourself, I'm going to do this for 2 minutes. Once you get going, you're not going to stop after 2 minutes. You're going to keep going. And then make it satisfying. Sometimes we don't see changes right away. It can take a little bit of time. Especially if we're getting 1% better every day, it can take a while for those changes to stack up.
So just like, we use positive behavioral supports, oftentimes, with the people we support, we can build in rewards when we reach our habits. So rewarding ourselves when we are able to build these habits or a habit into our daily routine.

So, that's when we have like, our check mark calendars and things like that. That

Um, so some ideas, as you look at how to implement changes to your routine, to be more resilient.

Next slide. Please.

So, what DSP employers do, so really encouraging activities that focus on DSP well-being and resilience within the workplace culture, which can be hard.

I know when you're short staffed, but ultimately these are the things that people are telling us help them to stay. So it ends up.

Being worth the investment, recognizing direct support, professional strengths and accomplishments, both formally and informally.

So any way you can recognize a job well, done this is what DSPs are telling us helps them to thrive and stay.

Insuring training, training communication is a big piece. So looking at meaningful communication building relationships.

Not just the tasks like the checkoff things that okay, you had vital signs training and your map train, but actually, what are the things that people really need to know to thrive and succeed in this role and
peer mentoring?

320 "Melissa Desroches" (1074585088)
00:50:17.065 --> 00:50:27.445
Is something a major opportunity where we can support? You know, DSP has talked about having a trusted colleague that they can vent and bounce ideas off of this is an opportunity peer mentoring.

321 "Melissa Desroches" (1074585088)
00:50:28.135 --> 00:50:35.035
Um, we talked about asking DSPs for their perspectives and following up and then supporting DSPs to infuse.

322 "Melissa Desroches" (1074585088)
00:50:35.040 --> 00:50:45.865
Humor and fun and leisure activities into their daily routines and so looking at, how can we support this? And this isn't so that the day is more fun necessarily. Right?

323 "Melissa Desroches" (1074585088)
00:50:45.865 --> 00:50:50.545
But this is so everybody's day can run smoothly and we can support the well being.

324 "Melissa Desroches" (1074585088)
00:50:51.060 --> 00:50:58.590
Of not only the DSPs, but the people of intellectual and developmental disability who we serve next slide. Please.

325 "Melissa Desroches" (1074585088)
00:50:59.755 --> 00:51:04.345
And then, whenever I speak about resilience, I want to highlight resilience.

326 "Melissa Desroches" (1074585088)
00:51:04.345 --> 00:51:15.175
Is that the individual level and potentially the interpersonal level meaning this is something these are practices that a DSP can do and then an agency can support a GSP to do.

327 "Melissa Desroches" (1074585088)
00:51:15.475 --> 00:51:23.425
But there is a lot that goes into DSP turnover that is external to the DSP. And so it's important.

328 "Melissa Desroches" (1074585088)
00:51:23.730 --> 00:51:37.285
Simultaneously to us supporting DSPs to be resilient and to sharing this information with them we need also to act to affect some of those systemic changes that need to happen to support DSPs.
We need to address the low DSP pay rates and the lack of recognition that DSPs who support people with intellectual and developmental disabilities have they're not a federally designated workforce.

We don't have a lot of data and a lot of initiative.

Is to support them.

So, how can we do this? Of course, like any other political advocacy campaign.

Who you vote for vote for people that will support the GSP work for us?

Contact your legislators, and tell them about your experience as a DSP employing DSPs as a person with intellectual or developmental disability who has the support of a DSP.

And then 1 of the ways that I find the most easy for me to advocate is by partnering with advocacy organizations. Like the arc my local chapter in Massachusetts really helps to clearly see these are the issues.

And these are some of the things we're doing about it. Um, and and they kind of get the ball rolling for you. So you don't have to invent the wheel yourself or reinvent the wheel I guess is the phrase.

Next slide please. So just to remind her that not doing anything is a choice, right? You're doing something by not doing anything. So.
Let's be the change to really change the culture for direct support professionals towards resilience. Um, so that we can ultimately provide the best supports that we can to people with intellectual and developmental disabilities. So they can live the best as possible. Thank you.

I'll take any questions.

Thank you so much. Um, Melissa, please, let us know if you have any questions. 1 of the questions that I have is so, what are your next steps are you planning on turning this into a curriculum? Um.

Larger study, tell us more about your next steps. So we're looking at our next steps.

Initially, I thought was to develop a cell phone app to support direct support professionals because 1 of the things that they talked about a lot with the need for that social connection. They're isolated in many ways.

If they're working in a residence, they might be only them on or 1 or 2 staff or they're out in the community.

Um, but there exists the need for us to look at this from from a diversity lens to our sample was largely white and from the Northeast.

Um, so looking at cultural differences, racial, ethnic, gender related um, we need it. We need a broader sample of resilient DSPs. But, ultimately, in some way, yes.
Some type of curriculum we need to develop, and then to decide what is the best way to implement that is that an, in person training is that through an app is that through some type of more formalized mentorship um,

348 "Melissa Desroches" (1074585088)
00:54:28.225 --> 00:54:33.235
so we are looking at grant funding to further develop this work as we move forward.

349 "Jasmina Sisirak" (1641027072)
00:54:38.755 --> 00:54:39.385
Thank you.

350 "Jasmina Sisirak" (1641027072)
00:54:39.745 --> 00:54:42.205
Um, so, 1 of the questions is,

351 "Jasmina Sisirak" (1641027072)
00:54:43.015 --> 00:54:57.055
what is the role of nurses in community providers in recruiting and retaining DSPs I know by you're a nurse and how did you come about to really focus on DSPs in, in your role as a nurse?

352 "Melissa Desroches" (1074585088)
00:54:57.810 --> 00:55:01.230
Yeah, so that's a great question. I did.

353 "Melissa Desroches" (1074585088)
00:55:01.230 --> 00:55:06.960
Follow up after this study and speak with, um.

354 "Melissa Desroches" (1074585088)
00:55:06.985 --> 00:55:18.925
Multiple agency providers and advocates for DSPs, including members of the National Alliance for direct support professionals and through conversations with them.

355 "Melissa Desroches" (1074585088)
00:55:18.925 --> 00:55:30.565
And some of my own research there can sometimes be a tension between nursing and direct support professionals. We don't always have like, it's not a clear chain of command.

356 "Melissa Desroches" (1074585088)
00:55:30.565 --> 00:55:36.865
Nursing doesn't necessarily oversee direct support professionals, direct support. Professionals may not answer to nurses.

357 "Melissa Desroches" (1074585088)
Nursing is the medical model, right? We're carrying out in many ways.

We're perceived to be carrying out medical care and direct support professionals, support people with disabilities, not necessarily with health care. So there there can be some tension there.

Um, but I think we have a great opportunity as nurses to be allies to direct support professionals. And this is not, this is not my idea. This comes from John rationale at the but he brought up the idea that not too long ago. Nursing was in the same position.

That direct support professionals that are in right now.

I mean, 100 years ago, if you were a nurse, you were likely, an alcoholic or a prostitute, and nurses were looked down upon in society. And it took some organizing to show.

This is the value of a nurse, and this is what a nurse does and to gain that visibility. And so, I think as nurses having just gone through this, this is the way we can support DSP, speak to the value of what a DSP does and try to get over some of that tension.

You know, tension can because we're all oppressed. oppressed

Right we don't have the time to do what we all need to do in our jobs are not all getting compensated the same the same way, according to our value, but recognizing that we're all there for the same reason, and trying to overcome some of those barriers.

Um, I think is a really important direction. We can move in in the
future to really be an ally to DSPs.

Thank you, Melissa Beth, any other questions that you have.

Oh, 1 of the questions is what messages does nursing need to be an ally.

So, I think to be an ally, I think.

Nursing needs to recognize.

And I think in many ways we do, we need to recognize that there is a diversity of.

People coming into the DSP roll and recognizing that.

But we need to have a.

Some empathy to that situation right? That what 1 DSP may be able to do another DSP may not and that.

We can advocate, but that as nurses, we're educators. Right? So, I think education is a big message that we can be part of the solution through education. Um.

But, ultimately, I'm going to go back to that intentional mindset and some of these resilience practices, um.
Knowing that you're available and you're an ally and you're positive and you're not out there judging everything the DSP does.

378 "Melissa Desroches" (1074585088)  
00:58:19.615 --> 00:58:29.815  
That's something that the DSPs, some of the DSPs talk about, like, feeling afraid of the nurses they're gonna eat them almost like, they're our young there's we talk about nurses eating eating. They're young.

379 "Melissa Desroches" (1074585088)  
00:58:30.055 --> 00:58:42.295  
So, having that mindset that I'm going to be an ally, I'm going to help to educate versus and I know it can be challenging definitely with certain situations, but really having that mindset that we're going to build up.

380 "Melissa Desroches" (1074585088)  
00:58:42.390 --> 00:58:44.250  
And, um, we're going to work together.

381 "Jasmina Sisirak" (1641027072)  
00:58:44.250 --> 00:59:06.595  
As a follow up question, what can community members do to support DSPs?

382 "Melissa Desroches" (1074585088)  
00:59:06.595 --> 00:59:29.070  
i think really your political advocacy and your recognition so some of the things that we saw during covid nineteen we saw the signs for healthcare providers um some of the things i'm on the board of i'm on the board of directors newly for

383 "Melissa Desroches" (1074585088)  
00:59:29.070 --> 00:59:42.930  
an agency in our community and one of the things i was told and that i saw when i pulled up the first day was signs that said we love our in front of in front of homes or in front of the day services that community members had put up

384 "Melissa Desroches" (1074585088)  
00:59:42.930 --> 00:59:42.930  
Neighbors had put up, um, and so.

385 "Melissa Desroches" (1074585088)  
00:59:24.780 --> 00:59:29.070  
Knowing that okay, people know about us and they appreciate us. So.
In whatever way you can show your value to DSPs can showing your appreciation of their value to DSPs. That's huge. Just because the societal recognition is so low. And then, of course.

387 "Melissa Desroches" (1074585088)  
00:59:42.930 --> 00:59:55.825  
That advocacy, we have different laws that look at the pay grades for DSPs that are renewed every so often. So kind of looking into that. I'd say, partnering with your advocacy organization.

388 "Melissa Desroches" (1074585088)  
00:59:55.975 --> 01:00:01.225  
And generally, the arc chapters are all about supporting the DSP workforce.

389 "Melissa Desroches" (1074585088)  
01:00:01.225 --> 01:00:12.805  
And so, if you can kind of follow their updates, and they'll send I get text messages that say, please vote for this, or vote or vote for that or let your legislator know or send this letter they'll populate the letter for.

390 "Melissa Desroches" (1074585088)  
01:00:12.930 --> 01:00:23.520  
And you can, it'll automatically send to your legislator so that's probably advocacy and showing you your value, um, showing their value. Um, I think, are the 2 most important things.

391 "Jasmina Sisirak" (1641027072)  
01:00:25.705 --> 01:00:43.915  
Melissa, thank you so much for this presentation.

392 "Jasmina Sisirak" (1641027072)  
01:00:29.545 --> 01:00:43.915  
We really look forward to hearing more and hopefully you will be able to expand the project in the future and we will we will be in touch and hopefully you'll be able to come back and present on the new.

393 "Jasmina Sisirak" (1641027072)  
01:00:45.475 --> 01:00:55.195  
new research and new results. Um, thank you for everyone to who attended today. Please join us for our next webinar webinar next Tuesday.

394 "Jasmina Sisirak" (1641027072)  
01:00:55.620 --> 01:01:09.900  
Beyond access and inclusion belonging in health care for the population with intellectual and developmental disability. I put in the chat box the registration page. Thank you again and have a great than happy holiday. Everyone.