Would you retain an accountant to prepare your taxes who never studied basic accounting? Would you hire someone to legally defend you in court who never attended law school? As absurd as these questions may seem, there are thousands, perhaps even tens of thousands of individuals employed as direct support professionals who were never taught how to teach. Somehow during the paradigm shift from direct “care” staff working under a medical model providing “doing for”, to today’s best practice that embraces self determination, we overlooked the need to train the staff to be effective instructors or direct support “professionals.”

The function of teaching is not limited to learning how to assist people in achieving their outcomes on an Individualized Support Plan. The direct support professional’s role as a teacher goes beyond the limited impact of “programs” and is integral to all interactions with the individuals they support. The direct support professional’s role as teacher is ongoing; it is demonstrated in every interaction they have with the people they support.

The historical function of direct contact staff was to “do for” as in bathe, feed, toilet and dress, while assuring protective oversight. This role also required staff to provide opportunities for leisure pursuits by “taking people” to the movies and bowling (mall herding and van therapy were also integral parts of the staff function). These role expectations did not necessitate that the direct contact staff function as a teacher or instructor. As the role of direct contact staff has evolved and continues to, it is now seen from a best practice perspective as the role of coach, teacher, instructor and mentor, i.e. someone who imparts the skills needed to be a valued member of their community and experience a quality life. Therein lies the problem.

It is the opinion of this writer and trainer that very few provider agencies teach their direct support professionals to teach. Upon review of the curricula content of many organizations it is noted that they frequently include regulation issues...
such as state licensing, and OSHA, individual rights issues, physical intervention procedures, agency mission and values, overview of developmental disabilities, medication administration and perhaps a couple of hours of behavior management training.

Unfortunately, the training content just delineated is all too often considered comprehensive and best practice by many if not most provider organizations. This does not imply that the training program is not one of quality; it is a statement that unless it includes how to be an effective teacher, it is woefully incomplete. There remain far too many (one is too many) agencies that hand their staff the keys to the van wishing them well and directing them to go and “do good things” with the people they support. This approach to training is only exceeded by "tribal knowledge" where each successive staff member communicates to the next one hired their understanding of how the role of the job is really to be performed.

That brings us to the issue at hand. The time has arrived when we must provide our direct support professionals with the skills and competencies to be effective teachers. A basic instructional foundation is invaluable and applicable regardless of what is being taught and regardless of the abilities or challenges of the learners with disabilities.

The instructional strategies for teaching tooth brushing to an individual with cerebral palsy and significant intellectual challenges are quite consistent with the instructional strategies for teaching relatively complex assembly tasks at their place of work to an individual with intellectual disabilities who is very capable.

Skills in physical prompting, cueing, immersion, graduated guidance, environmental engineering, mass practice, fading and so on are essential in being an effective teacher. I frequently observe people who we support learning and becoming more independent not because of the staff effort but despite the staff effort.

Our direct support professionals want to be effective teachers. They want to see that they are making a dramatic difference in the lives of people they support. As the decision-makers for our organizations, we owe it to our staff to give them the tools to be exemplary direct support professionals.

Though each direct support professional should be provided with a basic core set of instructional skills, our efforts should not stop there. The expectation of the direct support professional as a teacher or instructor should be detailed and heralded in their job description.

Additionally, the direct support professional’s performance appraisal evaluation should be proportionally devoted to the function of instructor. Remember that we all have a tendency to study for the test. If the organization believes that the direct support professional’s role of teaching is important, then it is communicated to the staff through the performance process. Perhaps the role of teacher and its impact on the quality of life of those supported becomes more evident when viewed from the perspective of the learner. Ask yourself how the quality of your life would differ if you did not possess the competence and knowledge you now demonstrate.

Finally, the organization’s quality assurance function needs to recognize the importance and value of the direct support professional’s role as teacher. Though effective instruction may not be required by any regulation, it should be part of the values and mission of the organization. Thus the quality assurance function plays a key role in celebrating those values. Always remember the staff training maxim “Don’t blame them! Train them.”

**AUTHOR LINK** Dr. Tom Pomeranz is a nationally recognized authority, trainer, clinician and consultant in the field of disabilities. A CD ROM of the PowerPoint slides he uses in his training, Best Practice Instructional Strategies for Effective Teaching, part of "Don’t blame them! Train them." Always remember the staff training maxim “Don’t blame them! Train them.”

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**TRAIN THEM continued from page 9**

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**ANCOR**

**VISION**

To be the premiere provider association creating a world that values full participation of all stakeholders.

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**MISSION**

To empower providers and people with disabilities to celebrate diversity and effect change that ensures full participation.

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**ANCOR STRATEGIC GOALS**

- ANCOR will position itself as a knowledge broker assisting customers/stakeholders, as well as emerging customer groups, to provide the most effective, state-of-the-art services to those they serve.

- The composition and structure of the ANCOR Board will be reorganized as necessary to achieve the vision and mission of the organization.

- The composition of ANCOR staff and leadership will be enhanced to meet the skills, knowledge and flexibility required to serve customers and manage the issues impacting private disability providers and their customers.

- ANCOR will serve as a catalyst for national efforts to enhance self-direction, choice and allocation of resources for customers/stakeholders across a broad spectrum of service models.

- ANCOR will serve as a national leader on federal Medicaid issues and a knowledge broker and source of assistance to members on state Medicaid initiatives.

- ANCOR will raise awareness and help define a national working definition of quality services for all stakeholders.

- ANCOR will secure financial resources sufficient to achieve its goals, mission and vision.