

PRINCIPLES OF CAREGIVING

FUNDAMENTALS

SECTION ONE - OVERVIEW

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OBJECTIVES:

1. Describe what direct care workers (DCWs) do and where they may work.
2. List five or more job titles used for direct care workers to differentiate among the various direct care workers.
3. Describe the continuum of care, service settings, and job opportunities for direct care workers in various community settings.
4. Describe the philosophy, history, and benefits of the Independent Living Movement.
5. Define the term “Scope of Practice” and list three or more factors that determine the scope of practice for DCWs.

KEY WORDS:

| | |
|----------------------------------|-----------------------------|
| Activities of Daily Living (ADL) | Direct Care |
| Agency | Direct Care Worker (DCW) |
| Assisted Living Facility | Independent Living Movement |
| Care Plan | Scope of Practice |
| Consumer-Directed Care | Support Plan |
| Continuum of Care | |

A. PRINCIPLES OF CAREGIVING – BACKGROUND



This course grew out of Governor Napolitano’s taskforce on Workforce Development. The taskforce recognized the need for more training for caregivers and recommended a standardized curriculum. Historically, training was left to the discretion of individual agencies so there was a wide range in the quality of training.

Based on many, many meetings and a pilot project, this class was developed. Individuals now take this Fundamentals class and one or more of the modules that are being offered. The material in this Fundamentals class c the basic knowledge that all direct support professionals should have in caring for consumers. In your job, you may not need everything you will learn, and for most positions, you will need some additional training from your employer. This class will be a solid foundation and will allow you to consider a variety of direct care jobs

B. ADDITIONAL DIRECT CARE INSTRUCTIONAL MODULES

1. Aging & Physical Disabilities
2. Developmental Disabilities
3. Dementia & Alzheimer’s Disease
4. Continuing Education

These are the modules that will be available once you have taken and passed the Fundamentals class. Direct care workers should take the Fundamentals and at least one module. Taking and passing more than one module may make direct care workers more marketable because they can work in a variety of settings.

C. DEFINITION OF DIRECT CARE WORKERS (DCWS)

A Direct Care Worker (DCW) is a person who assists an elderly person or an individual with a disability with activities of daily living. This includes bathing and grooming, help with meals, and encouragement of attitudes and behaviors that enhance community involvement.

DCWs were not always considered professionals. More recently, the importance of the challenging work that DCWs perform has gained broad recognition and acknowledgement as a profession. Specific knowledge, skills, and commonly agreed-upon standards for professional conduct are what separate a “job” from a “profession.” This training focuses on the skills, knowledge, and abilities that have been identified as critical to satisfactory job performance. To learn more about Direct Care Workers, see the resource list at the end of this chapter

D. THE CONTINUUM OF CARE

| Service Settings | DCW Job Opportunities |
|---|---|
| <p>The individual's home (or a relative's home). The individual may also attend adult day services or school</p> | <ul style="list-style-type: none"> • Working in the person's residence • DCW usually works alone |
| <p>A group home, usually for a specific group of disabilities such as a group home for individuals with developmental disabilities</p> | <ul style="list-style-type: none"> • Working in a home-like setting • Limited number of co-workers • DCW is responsible for assisting more than just one consumer |
| <p>An assisted living home</p> <p>--Provides 24 hour care in a home-like setting for 1-10 residents --May or may not be owner occupied --An adult foster care home is owner occupied and cares for 1-4 residents</p> | <ul style="list-style-type: none"> • Similar to group home • Working in a home-like setting • Limited number of co-workers • DCW is responsible for assisting more than just one consumer • Usually only up to 10 consumers and all are adults with various disabilities |
| <p>An assisted living facility</p> <p>--Individuals usually live in individual apartments and pay for the services they require --Larger facilities, can be up to 100 or more units --Often the larger facilities are divided into functional units depending on how much assistance the person needs Note: Caregivers in assisted living facilities need to complete additional training.</p> | <ul style="list-style-type: none"> • Usually care is provided in the individual's apartment • DCW usually works alone in the individual's apartment but has co-workers working in the same complex • DCW may work for one consumer or several depending on the needs of the person • People will sometimes privately pay for DCW assistance above and beyond the services offered by the facility; so the DCW would be working for the individual, not the facility |
| <p>A dementia specific unit</p> <p>--Similar to an assisted living facility but is specific to the care of persons who have dementia --These units are usually locked so that persons cannot wander away</p> | <ul style="list-style-type: none"> • DCW works on the unit with other co-workers (number depends on how large the unit is) • DCW assigned to assist more than one individual |
| <p>A skilled nursing facility ("nursing home")</p> <p>--Skilled nursing care 24/7</p> | <p>Usually person providing hands-on assistance with ADLs is a CNA although DCW may be hired in a support position (e.g. activities or dietary)</p> |

Possible job titles for a Direct Care Worker:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Home care aide • Personal care aide • Personal care attendant • Attendant | <ul style="list-style-type: none"> • Respite worker • Companion • Caregiver • Care associate |
|--|--|

? Can you think of any more titles?



E. CONSUMER-DIRECTED CARE

There are different ways to think about persons who receive support services. People may wonder how much they are able to do themselves and what the role of the direct care worker is. It is easy to think that the DCW and other professionals should do as much as possible for the person they are supposed to help, but that is not always the best way. It is too easy to impose care or procedures that are not ideal. It is much more appropriate for the individual, the consumer, to make decisions and to determine how services are provided. This concept is called consumer-directed care.

Related to that is the independent living movement. This movement emphasizes that the individual consumer with any kind of disability has the same desire and the right to live independently. People prefer not to be in institutions or facilities. Many would much rather live at home and remain in their communities. This helps the individual keep in touch with family and friends. It also results in better physical and mental health because the person is in a familiar environment. People feel more independent and happy when they have control over their own lives.

Comparison of strategies in a Medical/Rehab environment versus an Independent Living Environment

| | Medical/Rehab Environment | Independent Living Environment |
|----------------------|---|---|
| Focus of care | Individual | Environment |
| Social | Patient, Client | Person, Consumer |
| Control | Professional | Individual Consumer |
| Solution | Professional Intervention | Peer Support, Barrier Removal, and Advocacy |
| Outcomes | Maximize Assist with Activities of Daily Living | Independence and Inclusion |
| Yields | Powerless Patient | Socialized Person |

1. History of Treatment of Individuals with Disabilities

Ancient Times

People with disabilities were discarded.
They may have been thought unworthy to feed.

Middle Ages

People with disabilities were thought to be possessed by evil spirits.
Disabilities were thought to be caused by sins of the parents.

1700-1800's

Schools were being formed.
Braille was established.

1900's

Institutions were established for "genetic mistakes."

1930's

Hitler was striving for the "Super Race" and proposed sterilizing people with hereditary disabilities so that they could not have children. Gas chambers were used to kill over two hundred thousand people with disabilities.

1950's

Television represented people with disabilities with a negative stereotype, creating "The Pity Soap Box."

Support organizations were founded:

March of Dimes
Muscular Dystrophy Telethon

1990's

Americans with Disabilities Act (ADA) becomes law. Justin Dart is considered the father of the ADA, which had an impact on many aspects of life:

- Access to public buildings
- Telecommunications
- Transportation
- Job opportunities

2. The Independent Living Movement - Philosophy

In the early 1960's a handful of students with disabilities at the University of California, Berkeley, decided they were tired of living in a hospital setting and being isolated from community activities. They felt that as human beings they had a right to choose their own lifestyle. After examining the risks and accepting the responsibilities, they moved into apartments in the community, arranged for assistant care, and won for themselves the freedom to choose. The freedom for individuals who experience a disability to make decision concerning their lives and being given the opportunity to develop fully according to their potential are essential elements in what has become known as "Independent Living."

With the passage of the 1978 amendments to the Rehabilitation Act of 1973, Congress recognized the value of Independent Living and allocated money to fund programs which assist persons who experience a disability in meeting their needs.

Independent Living became a reality in Arizona in 1977 when a group of residents who experience disabilities attended the White House Conference on Handicapped Individuals. They were introduced to the Independent Living concept and were inspired to return to Arizona to begin a legislative and advocacy group. They organized the Arizona Congress for Action, a private, non-profit affiliate of the American Coalition of Citizens with Disabilities (A.C.C.D.). Their ideal was to bring together representatives from various groups concerned with issues relating to individuals with disabilities in order to stimulate cross-disability communication, to increase awareness of difficulties faced by persons with disabilities, and to make the Independent Living concept a reality among the disabled population of Arizona.

Toward this end, federal funds were applied for and a proposal was written to establish an Independent Living Center. In 1980 federal funds were received and divided between the two larger urban areas of Arizona. In Tucson, the Metropolitan Independent Living Center (MILC) was established and in Phoenix, Arizona Bridge to Independent Living (ABIL) became a reality.

Used with permission from: Personal Assistant Training Manual, Arizona Bridge to Independent Living (ABIL)

3. Benefits of the Independent Living Movement

- a. Offers freedom of choice
- b. Gives back civil rights (right to marry, right to vote, right to work, and more)
- c. Increases independence and feelings of self worth
- d. Promotes health and socialization

F. ROLES AND RESPONSIBILITIES OF DIRECT CARE WORKERS

1. Training

a. Orientation

Once a DCW is hired by an agency, he/she will be required to attend the agency's orientation even though the individual completed this course. The orientation to the agency is much more specific to the particular organization, such as policies, paperwork requirements, the agency's history, job expectations, etc.



b. Continuing Education Units (CEUs)

Each agency will offer/require continuing education. Behavioral health licensing mandates 24 hrs of CEUs per year. Professional standards dictate the importance of continuing education to keep abreast of changes in the field. This also enhances the DCW's training and skill level to improve the delivery of quality care.

2. Scope of Practice

Scope of practice refers to what an employee is allowed to do on the job. Some services are provided by nurses. Then there are procedures that can only be performed by a physician. The definition of what a certain professional can (or cannot) do is called scope of practice.

Direct care workers have different job descriptions, so the scope of practice – the list of things a DCW can and cannot do – depends on the setting and the specific job. Some DCWs perform personal care. They help a consumer in the bath, getting dressed, and eating. Other DCWs may spend most of their time running errands and doing chores around the house. It is not possible, therefore, to write one list of job duties (or one scope of practice). However, all DCWs have professional standards to adhere to.

In order to know job expectations and responsibilities, a DCW should attend agency orientation and in-services, and read the job descriptions. DCWs also need to become familiar with **care plans and support plans**. Such a plan is created for each consumer. It describes exactly what services should be provided. The fact that a DCW knows how to do a lot of things does not mean that the DCW will provide all these services to every consumer. The care plan or support plan will list all the tasks for the DCW.

If questions arise, contact the supervisor.

a. Factors that Influence the Direct Care Worker's Scope of Practice

Agency licenses and contract requirements

The scope of practice is partly determined by the licenses and contract requirements where the DCW works. An example is an agency that sends workers into assisted

living facilities. Those workers must adhere to the license requirements for assisted living, which are different than the license requirements for adult day care.

Agency policies and procedures

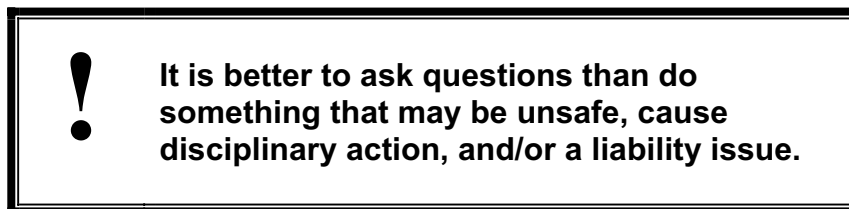
Each agency has its own policies and procedures. What a DCW may do when working for one agency may not be the same for another agency. Example: Procedures to follow if a consumer falls.

Type of care settings

The scope of what a DCW will do is also based on the type of care setting. Example: Independent apartment versus a group home.

b. DCW Professional Standards

- Maintain a high standard of personal health and hygiene and appearance.
- Be dependable and reliable.
- Carry out responsibilities of the job the best way you can—take pride in a job well done.
- Show respect for a consumer’s privacy.
- Recognize and respect the right of self-determination and lifestyle.
- Keep your professional life separate from your personal life.
- Control any negative reactions to chronic disability or living conditions.
- Maintain safe conditions in the work environment.
- Do not use the consumer’s medications for your own health problems.
- Do not give your cell number or home number to your consumer.



G. RESOURCES

For more information about direct care workers, visit

- Paraprofessional Healthcare Institute (PHI), www.paraprofessional.org/
- National Clearinghouse on the Direct Care Workforce, www.directcareclearinghouse.org
- Iowa CareGivers Association, www.iowacaregivers.org