

Summary of Needs and Recommendations for Support Staff of Adults with Intellectual and Developmental Disabilities



Data show an increased prevalence of individuals diagnosed with autism, leading to a growing population of adults with diverse needs requiring support and services. The complexity of those supported highlights the need for enhanced training in understanding, managing, and reducing the risk of dangerous behavior and co-occurring conditions. As demand rises, there is also an urgent need to address challenges with staff retention and subsequent quality of care faced by many agencies supporting individuals with autism. To address these issues. the Department of Disability and Aging (DDA), in collaboration with TRIAD, the Vanderbilt Kennedy Center's Autism Institute, aims to strengthen DDA's capacity to support autistic people and other adults with intellectual and developmental disabilities.

Objectives for this collaboration included:

- 1. conduct a community-informed evaluation of Tennessee's system of services,
- 2. facilitate discussions with other state agencies,
- 3. evaluate current Enabling Technology systems and structures, and
- develop recommendations for a multidisciplinary capacity building framework.

TRIAD conducted eight focus groups with 33 people across Tennessee including Direct Support Professionals (DSPs), agency administrators, and caregivers. TRIAD also conducted a state-wide survey; 184 DSPs and 133 administrative and leadership agency members responded to the survey.



Emerging Themes

When asked about influences on safety, similar themes emerged across all interviewed groups, including:

- staff retention (e.g., turnover, burnout),
- care delivery (e.g., quality of care),
- unique service requests, and
- daily operations (e.g., documentation, internal communication).

Discussions also highlighted systemic influences on safety such as:

- policies (e.g., external state and program policies),
- training (e.g., organization-level training provided),
- characteristics of persons supported (e.g., complexity of diagnosis or behavior), and
- staff variables (e.g., level of experience, socioeconomic factors).

Key Take Away Points ······

DSPs face significant challenges ensuring their own safety and that of the individuals they support. A review of the focus group responses, surveys, and interviews with persons supported, provided key information to support a plan of action.

- Current training falls short to prepare DSPs for safety challenges that arise serving persons who engage in dangerous behavior. There is a consensus among DSPs that the existing training opportunities lack practical relevance and are insufficient for teaching new staff how to handle dangerous and complex behaviors, which likely impacts the frequency of dangerous events and staff turnover.
- Funding limitations (e.g., reimbursement rates for higher levels of care) impact the quality

of services available. Low wages exacerbate frequent staff turnover which can lead to staff burnout and disruption of care.

- Lack of communication between DSPs and other staff regarding client needs, impact DSPs ability to support individuals in their care.
- Although the conversations were directed towards promoting safety through improved training, across all groups – administrators to caregivers – state level policy issues were highlighted.

This suggests that the discussion of client and staff safety cannot be separated from the policies under which each agency operates.

Call to Action

Addressing the issues identified by focus-group members and survey respondents requires a multi-faceted approach, including better funding models, improved training programs, and more flexible service options to accommodate individual needs. In addition, ensuring that DSPs are wellcompensated and supported is crucial to improving the overall quality of care and support for individuals with dangerous behaviors.

To address the gaps in training, we propose a multi-tiered approach to building providers' capacity to support individuals engaging in dangerous behavior. This approach includes opportunities for:

knowledge and skill building through



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web-based curriculum, in-vivo training, and supervision activities for DSPs, engaging residential facility



engaging residential facility administrators in capacity-building opportunities, and

strengthening support through raising key-collaborator awareness, information sharing opportunities across providers, and enhancing a statewide network.