



Direct Support DSP

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Practice Questions

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1. What is the central idea of person-centered support?

- A. The person's own preferences, strengths, and goals direct the support they receive
- B. Family members make all decisions on the person's behalf
- C. The agency's policies decide what services a person gets
- D. Support focuses mainly on correcting a person's deficits

2. People receiving disability services retain:

- A. Only the rights the agency grants them
- B. The same basic legal and human rights as all other citizens
- C. Fewer rights because they receive services
- D. Rights only while not in services

3. Which is one of the 'Rights of Medication Administration'?

- A. Right color
- B. Right person (individual)
- C. Right shift
- D. Right staff

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4. Good documentation by a DSP should be:

- A. Accurate, objective, timely, and factual
- B. Vague to save time
- C. Based on opinions and assumptions
- D. Written days later from memory



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5. In most emergencies, a DSP's FIRST action is to:

- A. Document the event
- B. Finish current paperwork
- C. Wait for a supervisor to arrive
- D. Ensure safety and call for emergency help when needed

6. Positive behavior support (PBS) focuses primarily on:

- A. Ignoring the person's needs
- B. Restraint as the main tool
- C. Understanding behavior and teaching skills to improve quality of life
- D. Punishing unwanted behavior

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7. Active listening means a DSP:

- A. Interrupts often to speed things up
- B. Gives full attention, shows understanding, and responds to what the person says
- C. Looks at their phone while listening
- D. Plans their reply while the person talks

8. A DSP code of ethics exists primarily to:

- A. Guide DSPs in providing respectful, competent, and trustworthy support
- B. Protect the agency from all lawsuits
- C. Limit the people's rights
- D. Make work harder

9. A person-centered plan is BEST described as a document that:

- A. Records every rule the person must follow
- B. Reflects the person's goals, preferences, and the supports needed to reach them
- C. Lists only the medical diagnoses of the person
- D. Is written by staff without the person's involvement

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10. Under privacy rules, a DSP may share a person's health information:

- A. Only with those who have a legitimate need to know and proper authorization
- B. On social media if no name is used
- C. With anyone who asks
- D. With other clients to compare situations

11. A DSP is about to give a medication but the label does not match the person's name. The DSP should:

- A. Give a smaller amount
- B. Give it and document the mismatch later
- C. Stop and verify before giving anything
- D. Give it anyway to stay on schedule

12. Which is an example of OBJECTIVE documentation?

- A. The person was in a bad mood
- B. The person was being manipulative
- C. The person raised his voice and left the room at 2:15 PM
- D. The person seemed angry and difficult today

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13. If a small fire breaks out, the general priority order begins with:

- A. Rescuing anyone in immediate danger and alerting others
- B. Saving belongings
- C. Fighting the fire first
- D. Documenting the fire

14. In behavior support, the 'function' of a behavior refers to:

- A. The purpose the behavior serves for the person
- B. Who is present
- C. The time of day it occurs
- D. How often it happens

15. A person uses a picture/symbol communication board. The DSP should:

- A. Assume the person has nothing to say
- B. Discourage its use
- C. Speak for the person instead
- D. Give time and attention to the board so the person can express themselves



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16. Maintaining professional boundaries means a DSP should:

- A. Borrow money from the person
- B. Keep the relationship professional and focused on the person's support needs
- C. Develop a personal/romantic relationship with a person they support
- D. Share all personal problems with the person

17. A DSP best honors a person's right to make choices by:

- A. Only allowing choices the DSP personally agrees with
- B. Choosing for the person to save time
- C. Telling the person there is only one correct option
- D. Offering real options and respecting the decision the person makes

18. When a DSP advocates for a person, they:

- A. Speak only for what the agency wants
- B. Support and amplify the person's own voice and rights
- C. Override the person's wishes
- D. Make all decisions for the person

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19. After a DSP gives a scheduled medication, they should record it:

- A. Only if there is a problem
- B. On a personal note
- C. At the end of the week
- D. Promptly on the medication administration record (MAR)

20. Documentation should generally be completed:

- A. Only at performance reviews
- B. As soon as possible while details are accurate
- C. Whenever the DSP feels like it
- D. A week after the event



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21. The PASS method for using a fire extinguisher stands for:

- A. Pull, Aim, Squeeze, Sweep
- B. Point, Activate, Stop, Stand
- C. Prepare, Alarm, Send, Stop
- D. Push, Aim, Squeeze, Spray

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22. In ABC data collection, the 'A' stands for:

- A. Attitude
- B. Antecedent
- C. Action
- D. Aggression

23. A DSP can often learn how a person feels by observing their:

- A. Medication list
- B. Daily schedule only
- C. Diagnosis only
- D. Body language, facial expressions, and tone

24. A person you support offers the DSP an expensive gift. The DSP should:

- A. Accept and tell no one
- B. Ask for cash instead
- C. Politely decline per policy and discuss it with the supervisor
- D. Accept it privately

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25. The principle of 'dignity of risk' means that people supported have the right to:

- A. Be protected from every possible risk at all times
- B. Have staff make all risky decisions for them
- C. Make choices that involve reasonable risk, just as anyone else does
- D. Take any risk regardless of safety planning



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26. Restricting a person's right (for example, limiting access to their own money) is permissible ONLY when:

- A. It is a house rule for everyone
- B. The person is being difficult
- C. It is justified by a documented need, least restrictive, time-limited, and reviewed through proper process
- D. A staff member decides it is easier

27. If a medication error occurs, the DSP's FIRST priority is to:

- A. Wait to see if symptoms appear
- B. Hide the error to avoid discipline
- C. Ensure the person's safety and follow the protocol, including notifying a nurse/supervisor
- D. Document it next shift

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28. If a DSP makes a written error in a paper record, the correct way to fix it is to:

- A. Scribble over it heavily
- B. Erase or white it out
- C. Tear out the page
- D. Draw a single line through it, write the correction, and initial and date it

29. A person who uses a wheelchair needs to evacuate during a fire drill. The DSP should:

- A. Leave the person to exit alone
- B. Follow the individual's evacuation plan to assist them to safety
- C. Wait until the drill ends
- D. Use the elevator without checking

30. A proactive (antecedent) strategy is one that:

- A. Removes all supports
- B. Punishes the behavior
- C. Reacts after a behavior occurs
- D. Changes the environment or routine to prevent triggers before behavior happens



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Answer Key & Explanations

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1. A — The person's own preferences, strengths, and goals direct the support they receive

Person-centered support places the individual at the center of planning; their voice, choices, and aspirations guide the services, rather than the system or staff deciding for them.

2. B — The same basic legal and human rights as all other citizens

Receiving support does not strip a person of their rights; people with disabilities keep the same human and legal rights as everyone else.

3. B — Right person (individual)

The core medication rights include the right person, right medication, right dose, right time, and right route, helping prevent errors.

4. A — Accurate, objective, timely, and factual

Quality documentation is factual, objective, complete, and recorded promptly, providing a reliable record of care and events.

5. D — Ensure safety and call for emergency help when needed

Life safety comes first—ensure the scene is safe, check the person, and activate emergency help (such as 911) per protocol before other tasks.

6. C — Understanding behavior and teaching skills to improve quality of life

PBS is a proactive, person-centered approach that seeks to understand why behavior happens and teaches new skills, reducing reliance on punishment or restraint.

7. B — Gives full attention, shows understanding, and responds to what the person says

Active listening involves full attention, reflecting back understanding, and responding to the speaker's actual message—building trust and accurate communication.

8. A — Guide DSPs in providing respectful, competent, and trustworthy support

A code of ethics sets professional standards—respect, competence, integrity, advocacy—that guide DSPs in serving people well.

9. B — Reflects the person's goals, preferences, and the supports needed to reach them

A person-centered plan is built with the individual and captures what is important TO them and FOR them, including goals and the supports to achieve them.

10. A — Only with those who have a legitimate need to know and proper authorization

Health privacy protections (such as HIPAA) limit sharing of protected information to authorized people with a genuine need to know.

11. C — Stop and verify before giving anything

Confirming the 'right person' is essential; if the label and person do not match, the DSP must stop and verify to avoid a serious error.



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12. C — The person raised his voice and left the room at 2:15 PM

Objective notes record observable facts (what was seen/heard and when); labels like 'difficult' or 'manipulative' are subjective judgments to avoid.

13. A — Rescuing anyone in immediate danger and alerting others

A common framework (Rescue, Alarm, Contain, Extinguish/Evacuate) puts protecting people first—rescue those in danger and sound the alarm.

14. A — The purpose the behavior serves for the person

Behavior is communication; identifying its function (e.g., to gain attention, escape a demand, get an item, or meet a sensory need) guides effective support.

15. D — Give time and attention to the board so the person can express themselves

Augmentative and alternative communication (AAC) tools like picture boards are the person's voice; DSPs must support and respect them patiently.

16. B — Keep the relationship professional and focused on the person's support needs

Professional boundaries protect the person and the relationship; romantic involvement, borrowing money, or over-sharing are boundary violations.

17. D — Offering real options and respecting the decision the person makes

Supporting choice means presenting genuine options in an accessible way and honoring the person's decision, even when it differs from the DSP's preference.

18. B — Support and amplify the person's own voice and rights

Advocacy means standing alongside the person to ensure their voice is heard and their rights upheld—not speaking over them.

19. D — Promptly on the medication administration record (MAR)

Medications should be documented on the MAR right after administration to keep an accurate record and prevent double-dosing.

20. B — As soon as possible while details are accurate

Timely documentation captures accurate detail and supports continuity of care; long delays risk errors and omissions.

21. A — Pull, Aim, Squeeze, Sweep

PASS = Pull the pin, Aim at the base of the fire, Squeeze the handle, Sweep side to side—used only on small, contained fires when safe.

22. B — Antecedent

ABC = Antecedent (what happened before), Behavior (what the person did), Consequence (what happened after)—a tool to understand behavior patterns.

23. D — Body language, facial expressions, and tone

Much communication is nonverbal; attending to body language, expressions, and tone helps DSPs understand people who communicate in varied ways.

24. C — Politely decline per policy and discuss it with the supervisor

Accepting significant gifts can create conflicts of interest and exploitation concerns; DSPs follow policy,



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usually declining and notifying a supervisor.

25. C — Make choices that involve reasonable risk, just as anyone else does

Dignity of risk recognizes that growth and self-determination involve taking ordinary risks; over-protection denies people the experiences that everyone uses to learn and grow.

26. C — It is justified by a documented need, least restrictive, time-limited, and reviewed through proper process

Rights restrictions must be individually justified, use the least restrictive option, be documented and time-limited, and go through human rights/team review.

27. C — Ensure the person's safety and follow the protocol, including notifying a nurse/supervisor

After any error, the person's health comes first—monitor, notify the nurse/supervisor per protocol, and document; never conceal the error.

28. D — Draw a single line through it, write the correction, and initial and date it

Errors are corrected by a single line-through with initials and date, leaving the original readable; never erase, obscure, or destroy records.

29. B — Follow the individual's evacuation plan to assist them to safety

Each person should have an individualized evacuation plan; DSPs follow it to ensure people with mobility needs reach safety.

30. D — Changes the environment or routine to prevent triggers before behavior happens

Proactive strategies adjust antecedents—like offering choices, clear routines, or reducing triggers—to prevent challenging behavior from arising.



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