

*The NADD Accreditation and Certification Programs:  
Standards for Quality Services*

**THE NADD  
COMPETENCY-BASED  
DUAL DIAGNOSIS  
SPECIALIST  
CERTIFICATION  
PROGRAM**



**NADD  
132 Fair Street  
Kingston, New York 12401  
(845) 331-4336 or (800) 331-5362  
[info@thenadd.org](mailto:info@thenadd.org)  
[www.thenadd.org](http://www.thenadd.org)**

## **E**XECUTIVE SUMMARY

It is estimated that more than a million people in the US have a dual diagnosis of intellectual or development disability (IDD) and mental illness (MI). These individuals have complex needs and present service delivery challenges to professionals, programs, and systems. Staff face challenges in providing appropriate services for individuals who experience mental illness and an intellectual disability

### **NADD Competency-Based Specialist Certification Program**

NADD, an association for persons with developmental disabilities and mental health needs, developed the NADD Competency-Based Specialist Certification Program to improve the quality and effectiveness of services provided to individuals with a dual diagnosis through the development of competency-based professional standards and through promoting ongoing professional development.

A Specialist in the field of dual diagnosis is defined as an individual who delivers, manages, trains and/or supervises services for persons with intellectual/developmental disabilities and mental health needs. Staff working in units of county, state or provincial government, QIDPs, program directors, program supervisors, case/care managers, program specialists, supports coordinators, peer specialists, trainers and others are examples of roles that can apply for the DDS.

Dual Diagnosis Specialist certification through the NADD Competency-Based Certification Program validates and provides assurance to people receiving services, professional colleagues, and employers that a specialist has met the standards established by NADD for providing services to individuals with IDD/MI. Certification attests to the Specialist's competency in providing these services. In addition to the prestige this Certification provides, it may benefit the Specialist through greater employment opportunities, job security, and promotions. The certification is portable; staff moving to a different region bring their certifications with them and do not have to demonstrate or re-document their competence simply because they have moved.

### **Competency Areas**

The specialist seeking certification will be required to demonstrate mastery of the following six competency areas:

1. Multimodal bio-psycho-social approach
2. Application of emerging best practices;
3. Knowledge of therapeutic constructs;
4. Respectful and effective communication;

5. Knowledge of dual role service delivery & fiduciary responsibilities;  
and
6. Ability to apply administrative critical thinking.

**Pre-Requisites for Certification: Training, Experience, References**

To be considered for certification, Specialists must meet educational and experiential qualifications (or equivalent thereof.) Determination resides with the NADD Competency-Based Certification Program. It is preferred that the applicant have a combination of education and experience in the field of intellectual/developmental disabilities and/or mental health. A post secondary degree, however, is not necessary, and the review committee may recognize other types of accreditation and certifications.

Experience can include volunteering, internships, and externships in addition to employment. In addition to providing copies of the applicant's curriculum vitae, the applicant must submit reference letters from three people able to provide a reference about the applicant's skills, knowledge and values, and experience with persons who have a dual diagnosis.

**Work Sample**

Once the application has been reviewed and the applicant has been found to meet the prerequisites, the applicant will receive instructions to submit a work sample that demonstrates his or her work in the area of dual diagnosis.

**Interview**

The final component of the certification process is an interview, which may occur in person, at a NADD conference, via web-based video conferencing, or by telephone. The applicant's work sample will be reviewed during the interview. Applicants should keep in mind the competency areas noted when organizing their response. The interview shall also include resolution of any questions raised during other parts of the application process.

**Credential**

Specialists who receive NADD certification will be entitled to use "NADD-DDS" as a credential.

**Cost**

The cost of the NADD Competency-Based Certification is \$275.00. This non-refundable application/exam fee of \$275.00 must accompany the application package. The NADD Competency-Based Certification is good for two years. The renewal cost is \$75.00. There is a continuing education requirement of

10 hours every 2 years in areas related to Mental Wellness and Mental Health for persons with IDD.

TABLE OF CONTENTS

Executive Summary.....	ii
NADD Competency-Based Certification Program .....	ii
Competency Areas .....	ii
Pre-Requisites for Certification: Training, Experience.....	iii
Work Sample .....	iii
Interview .....	iii
Credential .....	iii
Cost .....	iii
Dual Diagnosis Specialist Certification Work Group .....	vii
Introduction .....	1
Dual Diagnosis Prevalence and the Unique Needs of Those with a Dual Diagnosis .....	1
NADD .....	1
Certification	
What is certification?.....	2
Why Certification? .....	2
Why Competency Based? .....	
What are the benefits of certification?	
Benefits for the Specialist.....	2
Benefits for the consumer or purchaser of services.....	3
Benefits for the field .....	3
Credential .....	3
Development of Standards .....	3
Competency Areas .....	3
Application Procedure .....	6
Pre-requisites.....	6
License.....	6
Education .....	6
Experience .....	6
Ethical Behavior .....	6
NADD Membership .....	6
Application .....	7
Application Check List.....	7
Receipt of Application .....	7
Work Sample .....	7
Interview .....	9
Scoring and Evaluation .....	9
Cost.....	10

Continuing Certification .....	10
Requirements to Maintain Specialist Certification .....	10
Renewing Certification .....	10
Ongoing Education and Training Requirement .....	11
Conditions that May Result in Certification Revocation.....	11
Complaints Against NADDD-Certified Specialists.....	12
Disclaimer.....	12
Appendices.....	13
Appendix A - Competency Standards.....	14
Competency Standard 1: Multi-modal/biopsychosocial approach .....	14
Competency Standard 2: Application of emerging best practices .....	18
Competency Standard 3: Knowledge of therapeutic constructs .....	19
Competency Standard 4: Respectful and effective communication .....	21
Competency Standard 5: Knowledge of dual role service delivery & fiduciary responsibilities.....	22
Competency Standard 6: Ability to apply administrative critical thinking .....	24
Appendix B - Application Form .....	26
Appendix C - Work Sample Guidelines.....	30
Appendix D – Interview Guidelines .....	31
Appendix E - Letter of Recommendations Directions .....	33

## **Dual Diagnosis SPECIALIST CERTIFICATION WORK GROUP**

The NADD Dual Diagnosis Specialist Certification Program was developed using an expert-consensus model. This work group of experts met for over 12 months working to identify appropriate competency areas and to design a fair and comprehensive program for evaluating the competencies of a specialist to properly serve individuals with intellectual and developmental disabilities who also have mental health needs.

### **Certification Program Directors**

Robert Fletcher, DSW, ACSW  
Kingston, NY  
Donna McNellis, PhD  
Philadelphia, PA

### **Co-Chairpersons**

Michael Schroeder  
Astrid Berry

### **Work Group Members**

Daniel Baker  
Donna McNelis  
Edward Seliger  
Lisa Hovermale  
Melissa Cheplic  
Robert Fletcher  
Robin VanEerden  
Stephanie Napoleon  
Terry McNelis  
Connie Orr  
Hugh Sage  
Lori Burkett

## INTRODUCTION

### Dual Diagnosis Prevalence and the Unique Needs of Those with a Dual Diagnosis

Individuals who have both mental illness and intellectual/developmental disability are considered to have a dual diagnosis. More than a million people in the United States have both mental illness and intellectual/developmental disability.<sup>1</sup> It has been estimated that individuals with IDD are two to four times more likely than those in the general population to experience psychiatric disorders,<sup>2</sup> with up to 40 percent having psychiatric symptoms – including mental, behavioral and personality disorders.<sup>3,4</sup>

### The Challenge of Service Delivery

These individuals have complex needs and present service challenges to the professionals and systems providing treatment and support services. Specialists face the difficulty of supporting individuals whose treatment is extremely complex. Although psychiatric disorders in persons with IDD are common, they are frequently not appropriately identified or well supported. Specialists often see challenging behavior or behavioral problems confound the optimum delivery of services. In order to provide adequate support for this group of people, Specialists need an understanding of how to modify existing services and support approaches in order to meet individualized needs of person with a dual diagnosis. These areas of understanding include: multi-modal/bio-psycho-social approach, utilization of case-formulation model, application of emerging best practices, knowledge of therapeutic constructs, respectful and effective communication, knowledge of dual role service delivery and fiduciary responsibilities, and ability to apply administrative critical thinking.

## NADD

Founded in 1983, NADD is a not-for-profit membership association established for professionals, care providers and families to promote understanding of and services for individuals who have developmental disabilities and mental health needs. The mission of NADD is to advance mental wellness for persons with developmental disabilities through the promotion of excellence in mental health care. NADD is recognized as the leading organization providing conferences, educational services, and training materials concerning individuals with intellectual/developmental disabilities and mental illness to many thousands of people in the United States and world-wide. Through the dissemination of cutting edge knowledge, NADD has been influential in the development of community based policies, programs, and opportunities in addressing the mental health needs of persons who have

---

<sup>1</sup> Steven. Reiss, *Human Needs and Intellectual Disabilities: Applications for Person Centered Planning, Dual Diagnosis, and Crisis Intervention* (New York: NADD Press, 2010), 50

<sup>2</sup> C.M. Nezu, A.M. Nezu. & M.J. Gill-Weiss, *Psychopathology in Persons with Mental Retardation, Clinical Guidelines for Assessment and Treatment* (Champaign, IL: Research Press, 1992).

<sup>3</sup> Sally-Ann Cooper, Elita Smiley, Jillian Morrison, Andrew Williamson, & Linda Allan, “Mental Ill-Health in Adults with Intellectual Disabilities: Prevalence and Associated Factors,” *British Journal of Psychiatry* 190 (January 2007), 27-35.

<sup>4</sup> B.J. Tonge & S.L. Einfeld, “The Trajectory of Psychiatric Disorders in Young People with Intellectual Disabilities,” *Australian and New Zealand Journal of Psychiatry* 34 (2000), 80-84.



intellectual/developmental disability and has been an international leading force advocating on behalf of individuals who have mental illness and intellectual/developmental disability. In furtherance of its mission to advance mental wellness for persons with intellectual/developmental disabilities, NADD has spent significant time and effort identifying the service needs of individuals with intellectual/developmental disability and mental illness, and has worked to identify and support appropriate service programs for these individuals. NADD has been involved in identifying and promoting best practices in the support of these individuals. NADD developed the NADD Accreditation and Certification Programs as part of its continuing efforts to improve the lives of individuals with intellectual disability and mental illness.

## **Certification**

### ***What is certification?***

Certification is a review process designed to establish standards of practice. Certification identifies the skills, knowledge, and attributes needed in a particular field. The NADD Competency-Based Dual Diagnosis Specialist Certification Program is designed to review and assess the competence of professionals who provide services to individuals who have co-occurring intellectual/developmental disability and mental illness. These professionals may deliver, manage, train and/or supervise services for persons with intellectual/developmental disabilities and mental health needs. Professionals working in units of county, state or provincial government such as: QIDPs, program directors, program supervisors, case/care managers, program specialists, supports coordinators, peer specialists, trainers and others are examples of roles professionals may hold who qualify for the NADD Specialist Certification process.

### ***Why Certification?***

- To provide a workforce and system with a demonstrated level of expertise in serving individuals with MI/ID
- To assure that public and private healthcare dollars are purchasing effective services
- To assist families/advocates to make informed choices about services

### ***Why Competency Based?***

- A license or degree does not predict competency
- Competency evaluations can provide a reliable, valid assessment of the ability of the individual or program to perform tasks or duties required
- A competency-based system recognizes the importance of knowledge, skills, abilities, personality traits, and other characteristics in performing the required tasks or duties
- Competency is defined as meeting best practices

### ***What are the benefits of certification?***

#### ***Benefits for the Specialist:***

Certification through the NADD Competency-Based Certification Program validates the expertise of the professional and provides assurance to people receiving services, colleagues, and employers, that a Specialist has met the standards established by NADD for providing services to individuals with IDD/MI. Certification attests to one's competency in providing these services. In addition to the prestige this certification provides, it may benefit

the Specialist through greater employment opportunities, job security, and promotions. The certification is portable; specialists moving to a different region bring their certifications with them and do not have to demonstrate or re-document their competence simply because they have moved.

The names and contact information of NADD certified specialists will be posted on the NADD Accreditation and Certification Program website (unless they request that this information not be posted).

*Benefits for the consumer or purchaser of services*

Dual Diagnosis Specialist certification through the NADD Competency-Based Certification Program will indicate that a Specialist has met the standards established by NADD for providing services to individuals with IDD/MI. People receiving services, parents, vendors, regulators, and insurance companies can be assured specialists who have earned the NADD certification have demonstrated competence in the area of services and supports for people with a dual diagnosis.

*Benefits for the field*

The goal of Specialist certification through the NADD Competency-Based Certification Program is to improve the quality and effectiveness of services provided to individuals with a dual diagnosis through the development of competency-based professional standards and through promoting ongoing professional development. One of NADD's main objectives is to "raise the bar" in services delivered for people who have a dual diagnosis. We believe that as a result of the NADD Competency-Based Dual Diagnosis Specialist Certification Program, services will be provided by specialists who have a high level of competence. We believe Specialists will strive to achieve this level of expertise in order to receive NADD certification. As more Specialists within North America become NADD certified, the quality of services provided should be significantly improved.

## CREDENTIAL

Specialists who receive NADD certification will be entitled to use "NADD-DDS" as a credential.

## DEVELOPMENT OF STANDARDS

A committee of experts developed the standards for assessing competency using an expert-consensus methodology.

## COMPETENCY AREAS

The specialist seeking certification will be required to demonstrate mastery of the following six competency areas:

1. **Multimodal bio-psycho-social approach:**
  - a. The NADD Dual Diagnosis Specialist is familiar with the bio-psycho-social/multimodal approach and;
  - b. The NADD Dual Diagnosis Specialist incorporates recovery and resiliency to be able to develop a service plan;

- c. The NADD Dual Diagnosis Specialist identifies the inter-relationships among a person's biological, social, and psychological domains.
  - d. The NADD DD Certified Specialist has an understanding of the holistic approach
  - e. The NADD Dual Diagnosis Specialist can formulate information to enable delivery of accurate/relevant medical, psychological, psychiatric, behavioral information to other Specialists or caregivers/supporters;
  - f. The NADD Dual Diagnosis Specialist appreciates the environmental, contextual, and individual learning styles; and
  - g. The NADD Dual Diagnosis Specialist utilizes the above model to guide all service/treatment planning.
- 2. Application of emerging best practices**
- a. The NADD Dual Diagnosis Specialist demonstrates understanding of assessments, their purpose, when they may be needed, and how to obtain them and;
  - b. The NADD Dual Diagnosis Specialist understands the connection between assessment and service delivery
- 3. Knowledge of therapeutic constructs**
- a. The NADD Dual Diagnosis Specialist demonstrates an understanding of trauma and how it affects the brain and body;
  - b. The NADD Dual Diagnosis Specialist demonstrates an appreciation of neuro-sensory issues;
  - c. The NADD Dual Diagnosis Specialist has an understanding of genetic underpinning and advances to guide treatment; and
  - d. The NADD Dual Diagnosis Specialist demonstrates knowledge of psychotherapeutic skills that can be useful.
- 4. Employ respectful and effective communication in rapport building**
- a. The NADD Dual Diagnosis Specialist assures that the person is "in the driver's seat"; and
  - b. The NADD Dual Diagnosis Specialist understands the importance of communication between stakeholders and supporters that is relevant to the person's care and well being
- 5. Demonstrate knowledge of dual role service delivery & fiduciary responsibilities**
- a. The NADD Dual Diagnosis Specialist is able to report on progress of the person in relationship to therapeutic goals and outcomes;
  - b. The NADD Dual Diagnosis Specialist identifies the connection between funding and good care;
  - c. The NADD Dual Diagnosis Specialist has an ability to work with clinicians and other stakeholders if outcomes are not being achieved.
- 6. Ability to apply administrative critical thinking.**
- a. The NADD Dual Diagnosis Specialist recognizes the importance and need for staff and families to understand the multimodal approach;
  - b. The NADD Dual Diagnosis Specialist demonstrates understanding of training needs for DSPs/teams/families to implement treatment/support plans;
  - c. The NADD Dual Diagnosis Specialist has the ability to assess and resource effective strategies in meeting persons wants and needs;

- d. The NADD Dual Diagnosis Specialist is able to signal that behavior plans may be too complicated to be implemented; and
- e. The NADD Dual Diagnosis Specialist is able to identify when a plan may not meet the needs of the person.

## **A**PPPLICATION PROCEDURE

### Pre-requisites

#### *Education*

Professionals may present a Master's level degree in a related field with one year experience, a Bachelor's level degree in a related field with 2 years experience or 60 credit hours in the field of ID or Mental health and 3 years of related experience.

Post secondary education is not required; however, a thorough explanation of the experience base must accompany the application as equivalence determination resides with the NADD Competency-Based Certification Program. The review committee may recognize other types of accreditation and certifications as pre-requisites.

#### *Experience*

The applicant will have experience in support of persons with intellectual/developmental disabilities and mental health issues (Dually Diagnosed). This can include volunteerships, internships and externships. For applicants without a post secondary degree other similar credentialing or accreditation or combinations thereof and experience may be accepted.

#### *Ethical Behavior*

The applicant's signatures in the Principles section of the application form is required and shall denote the candidate's commitment to ethical behavior.

Any disciplinary events, lawsuits past or pending, suspension of privileges from care facilities or professional organizations or any actions by state/province or other licensing body related to complaints or actions against a individual must be reported and reviewed by the committee.

NADD has established a process for receiving complaints regarding ethical behavior of people who have received this certification. (See "Complaints against NADD-Certified Specialists," below.)

Any intentional misrepresentations or falsehoods submitted by an applicant would be sufficient to deny certification as an unethical act.

#### *NADD Membership*

Specialists seeking certification are required to be members of NADD at the time they apply for certification. Continued membership in NADD is required for the duration of the NADD certification. A NADD organizational membership may satisfy this requirement if the specialist is an employee of the organization which has a NADD membership. NADD is the leading North American expert in providing professionals, educators, policy makers, and families with education, training, and information on mental health issues relating to persons with intellectual or developmental disabilities. In order to stay abreast of issues involved in service delivery and remain knowledgeable about best practices in the field, a Dual Diagnosis Specialist would need the benefits of a NADD membership.

### **Application**

The application and supporting materials should be mailed to:  
NADD Competency-Based Dual Diagnosis Specialist Certification Program  
132 Fair Street  
Kingston, NY 12401

### *Application Check List*

The following should be included in the application package:

- Completed application form
- Signed Principles statement
- In the Experience Confirmation section, provide dates of employment and contact information for all jobs that are being used to meet the experience requirement.
- Provide proof of current NADD membership
- Copy of Curriculum Vitae (CV)
- Three letters of reference
- Nonrefundable Application/Exam Fee

### *Receipt of Application*

When the application package is received at the NADD office, it will be reviewed to ascertain that all items in the Application Checklist have been included. The applicant will be informed of all missing or incomplete items and will be requested to provide the missing information.

Once all items have been received, the application will be deemed to be complete and will be reviewed to determine whether the applicant meets the prerequisites for certification.

### **Work Sample**

Once the application has been reviewed and the applicant has been found to meet the prerequisites, the applicant will receive instructions to submit a work sample that demonstrates his/her work in the area of dual diagnosis. Refer to Appendix C: Work Sample Guidelines for more information. Review of the work sample is based on the guidelines in this manual. The applicant should review the guidelines to ensure that the submitted content includes consideration of each of the six targeted competency areas.

The work sample should be three to five pages in length and should demonstrate the following:

- 1) Ability to communicate effectively
  - a. If you are an administrator, provide an example of how you have effectively communicated the need for change in the system for which you have responsibility.
  - b. If you are a trainer, provide an example of how you have changed training content to meet the receptive communication needs of trainees.
  - c. If you are a case manager or service or support coordinator, provide an example of how you have been able to communicate clearly and effectively with people you serve.

- d. If you are a peer support specialist, provide an example of how you have helped to bridge communication between individuals being served and others providing services and supports.
  - e. If you have another role, not mentioned here, provide an example of how your ability to communicate has enhanced life for individuals with IDD/MI.
- 2) Understanding of programmatic issues having an impact on individuals with dual diagnosis
- a. If you are an administrator, provide an example of how your understanding of programmatic issues (e.g., limited payment mechanisms, dysfunctional administrative rules) brought about change to enhance life for individuals with dual diagnosis.
  - b. If you are a trainer, provide an example of a programmatic issue about which you have trained people so that the lives of service recipients are enhanced.
  - c. If you are a case manager or service or support coordinator, provide an example of how you overcame programmatic issues to acquire something needed for the people you serve.
  - d. If you are a peer support specialist, provide an example of how you helped somebody you serve get what they needed.
  - e. If you have another role, not mentioned here, provide an example of how your understanding of programmatic issues has helped improve lives.
- 3) Understanding of inter-systems issues and how differences can be resolved
- a. If you are an administrator, provide an example of a policy or process change for which you were responsible, and explain how it improved services and supports for individuals with IDD/MI.
  - b. If you are a trainer, please provide an example of at least three training sessions you have conducted, and how those improved services and supports for people with IDD/MI.
  - c. If you are a case manager or service or support coordinator, please provide example of facilitating services to meet the bio-psycho-social needs of at least three individuals with differing needs from both the mental health and developmental disabilities systems.
  - d. If you are a peer support specialist, provide an example of how you have helped bridge the gap between systems to assist the people you serve.
  - e. If you have another role, not mentioned above, describe that role, and provide at least three examples of how your work has improved services and supports for individuals with MIDD.

NADD will assign two examiners to review the level of competency demonstrated in the work sample. If the work sample is found to be acceptable, the interview will be scheduled. The examiners may require submission of additional information – including, in some cases, resubmission of the work sample – before they approve scheduling of the interview.

### Interview

The final component of the certification process is an interview, which may occur in person, at a NADD conference, via web-based video conferencing, or by telephone. The applicant must supply a work sample and have it approved in order to move to this level of the certification process. The same two examiners who reviewed the work sample will participate in the interview. The interview shall also include resolution of any questions raised during other parts of the application process. Interviews will generally follow the outline below.

1. Discussion of applicant's training and experience in dual diagnosis, jobs, position, program
2. Review of capacity and work with (or support of) individuals with dual diagnosis
3. Discussion of one project/program/service plan/training that involves dual diagnosis.
4. Discussion of change in the life (or lives) of a person with dual diagnosis—what would that be?
5. Discussion of systemic change where you work—what would that be?
6. Discussion of work sample submitted with application. This discussion will include all the elements of the outline in Appendix C and should demonstrate the following:
  - a. Multi-modal/bio-psycho-social approach;
  - b. Application of emerging best practices;
  - c. Knowledge of therapeutic constructs;
  - d. Respectful and effective communication;
  - e. Knowledge of dual role service delivery & fiduciary responsibilities;
  - f. Ability to apply administrative critical thinking.
7. Behavioral Question Section of Interview
8. Resolution of specific questions arising from application materials
9. Review expectations, procedure, and timetable for certification process

Candidates can expect the interview to include additional topics or areas that are consistent with current practice. Some topics might include: self-determination, consumer decision-making/problem solving, person-centered planning, assessment, financial implications, operational structure, etc.

### Scoring and Evaluation

For both the work sample and interview, the applicant's competence in each of the six competency areas (Multi-modal/bio-psycho-social approach, Application of emerging best practices, Knowledge of therapeutic constructs, Respectful and effective communication, Knowledge of dual role service delivery & fiduciary responsibilities, Ability to apply administrative critical thinking) will be evaluated using the following scale:

- 1 = Insufficient evidence of competence in this area of Best Practice
- 2 = Evidence of minimal competence in this area of Best Practice
- 3 = Evidence of average competence in this area of Best Practice
- 4 = Evidence of above average competence in this area of Best Practice
- 5 = Evidence of a superior level of competence in this area of Best Practice

Candidates are required to demonstrate at least an average level of knowledge (a score of at least 3) in all competency areas. In the event that the two examiners cannot agree upon



whether the candidate achieved a passing score (3's and above) or a failing score (1's, 2's), the examiner from the same discipline as the candidate shall make the decision. The candidate will receive a copy of his or her score sheets, which will provide feedback regarding perceived areas of competence.

## **C**OST

The cost of the NADD Competency-Based Certification is \$275.00. A non-refundable application/exam fee of \$275.00 must accompany the application package. The NADD Competency-Based Certification is good for two years. The renewal cost is \$75.00.

## **C**ONTINUING CERTIFICATION

### *Requirements to Maintain Specialist Certification*

Once a professional has received NADD Competency-Based Dual Diagnosis Specialist Certification, the Specialist must:

Maintain his or her NADD membership.

Renew his or her certification every two years. This includes meeting the ongoing education and training requirement (see below) and paying the renewal fee.

Continue practice in an ethical manner (see below for the procedure for Complaints Against NADD-Certified Specialists).

### *Renewing Certification*

Once a Specialist has received NADD Competency-Based Dual Diagnosis Specialist Certification, the professional must maintain the certification status by renewing certification every two years.

Approximately three months before the certification is scheduled to expire, NADD will send the Specialist an electronic reminder that his or her certification will be expiring together with instructions on how to renew the certification and how to document complying with the continuing education requirement.

Any certification that has not been renewed within six months after its expiration date is subject to revocation.

*Ongoing Education and Training Requirement*

All Specialists shall obtain 10 hours of ongoing education and training every 2 years of certification status in areas related to the competency areas listed previously. Similar areas are acceptable as well, such as wellness, behavior support, or educational strategies. In-house training is acceptable for ongoing education and training. Attending conferences, special training sessions, teleconferences, or web based learning are all acceptable.

One hour of ongoing education and training is equivalent to 60 minutes of instructional time, exclusive of breaks, lunches, or homework time.

It is the responsibility of the applicant to provide verifiable information of the training received to be considered for continuing education credit. For example, an applicant must provide the date, topic, content, sponsoring or training organization, trainer, and number of hours for each continuing education claimed. Information about the location, sponsor, topic of training, content overview, date, may be submitted as verification of training offered. Attendance at NADD conferences and webinar is an excellent source of training.

## **C**ONDITIONS THAT MAY RESULT IN CERTIFICATION REVOCATION

The NADD Competency Based Dual Diagnosis Specialist Certification may be revoked for

Failure to maintain NADD membership

Failure to renew certification

Unprofessional conduct (see below section on Complaints regarding NADD-Certified Specialists)

In the event that a certification is revoked, the Specialist will no longer be entitled to use the NADD-DDS credential.

If a certification has been revoked, a Specialist who desires NADD certification would need to re-apply as though this were a new application, including submitting portfolio, curriculum vitae, letters of support, work sample, and interview. A professional whose certification has been revoked for unprofessional conduct may be prohibited from re-applying for a specified period of time or may be prohibited from ever re-applying depending upon the findings of the Ethics Review Committee.

## **C**OMPLAINTS AGAINST NADD-CERTIFIED DUAL DIAGNOSIS SPECIALISTS

Complaints about the professional conduct of specialists who have received the NADD Competency-Based Specialist Certification should be addressed to:

Ethics Review – Specialist Certification  
NADD  
132 Fair Street  
Kingston, NY 12401

When a complaint is received, the NADD Dual Diagnosis Specialist will be immediately notified and asked to respond to the complaint in writing. The Specialist will have 30 days to file a response. A copy of the response will be provided to the complainant. An Ethics Review Committee will be convened to review the complaint. The Ethics Review Committee will have 45 days to review the complaint and may request additional information from either party. The Ethics Review Committee will meet to review their findings. A complaint that is judged to be valid may result in the accused Specialist's certification being suspended for a specified period of time (1 to 3 years) or in the certification being permanently revoked. Both parties will be informed of the Ethics Review Committee determination in writing.

## **D**ISCLAIMER

Certification is voluntary. It is not intended to replace licensure. Any value or credence given to certification by an employer, a person receiving services, an agency, or a third party payer is entirely at their discretion and should be based upon knowledge of the certification standards and upon NADD's position in the field of dual diagnosis.

## Appendices

### Appendix A: Competency Areas

Competency Standard 1: Multi-modal/bio-psycho-social approach

Competency Standard 2: Application of emerging best practices

Competency Standard 3: Knowledge of therapeutic constructs

Competency Standard 4: Respectful and effective communication

Competency Standard 5: Knowledge of dual role service delivery & fiduciary responsibilities

Competency Standard 6: Ability to apply administrative critical thinking

### Appendix B: Application Form

### Appendix C: Work Sample Guidelines

### Appendix D: Interview Guidelines

### Appendix E – Recommendation Letters

Appendix A  
Competency Areas

**COMPETENCY STANDARD 1:  
Multi-modal/bio-psycho-social approach**

**OVERVIEW**

The Multimodal Contextual approach requires an understanding of the concept of the biomedical, psychological, and environmental approach. The development of treatment/approach options for persons with intellectual/developmental disabilities and mental illness requires an understanding of who the person is and of the context in which he or she is interacting with others and with his or her environment. This includes the person's biology (e.g. genetic syndrome, medical condition, psychiatric illness), psychology (e.g. past traumas, stressors, past and present, loss issues, strengths, resiliency, functional analysis of behavior) and the past and present environments the person has navigated. This includes, but is not limited to, the places where the person lives or has lived, social and familial connections, and relationships. The developmental history in regard to all of these components has a great impact on who the person is currently and is needed in helping the individual determine his or her needs. The biopsychosocial concepts must be understood to enable those in the person's environments to incorporate supports that will help the person meet his or her needs holistically. These are associated with the interplay between biological needs, psychological needs, behavioral needs and the environment. The multimodal approach considers all of these aspects of a person to help the person effectively meet his or her needs.

As a candidate for certification, it is necessary to be able to recognize and identify the bio-psycho-social needs of a person and know how to create an environment that helps the individual meet those needs efficiently and effectively. Identification of the person's strengths is paramount in developing a comprehensive plan that will lead to a preferred quality of life. Combined with the innate needs of all human beings also being considered, we can formulate positive supports to help the person meet those needs.

Additionally, it is important to understand medical, psychological, and psychiatric vulnerabilities, so that they can be addressed to help avoid challenging behavior. Untreated/undiagnosed pain, sensory dysregulation, trauma, or mental illness can compromise a person's ability to regulate his or her behaviors and may disrupt cognitive processes, emotional processes, and behavioral processes.

All behavior has a purpose, and understanding the whole person helps us understand what the behavior is intended to accomplish. With this understanding of the function of behavior, we can assist with supports so that the person can achieve his or her needs in a less disruptive way. The multimodal approach integrates behavioral, cognitive, psychiatric, and environmental interventions as they are warranted. It is recovery oriented and person-centered by teaching the person skill sets (e.g. problem solving, personal proactive techniques to avoid crisis) that will help maintain mental and social wellness.

The multimodal approach was developed by Dr. William Gardner as a refinement of the bio-psycho-social approach to assist in working with people with intellectual disabilities and mental illness. In this context, the role of the candidate will be to identify services/supports/resources needed and lead in coordination of services to rule in or out diagnoses, and assist teams in

following through with treatment that has been recommended by professionals such as physicians, therapists, behavior specialists, occupational therapists, etc.

It is essential that the candidate understand what might be needed from professionals and how to help them formulate a single plan with the person.

### Specific Skill Set Requirements

The essential role of the Dual Diagnosis Specialist is to understand the input of experts diagnosticians, clinicians, and significant people in the person's life and assist the team in developing a comprehensive support approach, incorporating the learning, emotional, cognitive/perceptual, environmental and coping mechanisms of the person being served with the bio-psycho-social approach to challenging behaviors.

The Dual Diagnosis Specialist understands that there are biological cause of behavior, such as,

- Chronic/acute pain or illness
- Genetic influences
- Psychiatric vulnerabilities and strengths
- Unique learning styles
- Behavioral phenotypes

The Dual Diagnosis Specialist has the ability to review data tracking systems that help convert symptoms and behaviors into observable, quantifiable data.

The Dual Diagnosis Specialist identifies psychological causes of behavior such as

- Understanding the vulnerabilities and strengths of the person being served
- Recognizing essential skill deficits that contribute to or maintain behaviors which are non-productive
- Being aware of the person's history and how that may interplay with the proposed supports
- Looking at the living and day programming sites along with interpersonal social relationships that may affect the success of the program.

### AREAS OF KNOWLEDGE AND SKILL

The following areas of knowledge and skill have been identified as benchmarks for satisfying Competency Standard 1: Multi-modal/biopsychosocial approach.

**BENCHMARK 1A:** The Dual Diagnosis Specialist is familiar with the bio-psycho-social/multi-modal approach.

#### *Benchmark1A Performance Indicators*

1. *Incorporates knowledge that the person had undergone trauma in developing a service plan.*
2. *Incorporates knowledge that the person has sensory-neurological needs in developing a service plan.*
3. *Incorporates knowledge that co-morbid medical and psychiatric conditions must be addressed in developing a service plan.*

4. *Incorporates knowledge that the complexity of the person's social emotional and environmental needs are addressed in developing a service plan.*

**BENCHMARK 1B:** The Dual Diagnosis Specialist incorporates recovery and resiliency to develop a service plan.

*Benchmark 1B Performance Indicators*

1. *Utilizes recovery concepts in the development of a service plan.*
2. *Uses resiliency in developing a service plan.*

**BENCHMARK 1C:** The Dual Diagnosis Specialist identifies the inter-relationships among a person's biological, social, and psychological domains.

*Benchmark 1C Performance Indicators*

1. *Incorporates a person's biological, social, and psychological domains in developing a service plan.*

**BENCHMARK 1D:** The Dual Diagnosis Specialist has an understanding of the holistic approach.

*Benchmark 1D Performance Indicators*

1. *Demonstrates the value of assessing the whole person, past and present, and knowledge tools such as: a biographical timeline, essential lifestyle plan or other assessments that tells the entire story of the person's past and current life; their positive attributes, motivations and preferences, goals, needs, dreams, and plans.*

**BENCHMARK 1E:** The Dual Diagnosis Specialist can formulate information to enable delivery of accurate/relevant medical, psychological, psychiatric, behavioral information to other clinicians or caregivers/supporters.

*Benchmark 1E Performance Indicator*

1. *Presents the following areas of information:*
  - a. *Medical influences: present concerns, past issues, any medical etiology including neurological issues such as autism, seizure disorders or a traumatic brain injury.*
  - b. *IDD Etiology, pre, peri and post natal difficulties, developmental history, presence of neglect and/or trauma history, identification of any genetic syndromes present*
  - c. *Social, emotional and environmental stressors that are present currently and have been experienced in the past: history of trauma, neglect, abandonment, loss, academic, relationship problems, and work issues.*
  - d. *Psychiatric disorders: present and past diagnoses with a description of the symptom presentation that is occurring currently.*

- e. *Behavioral presentation: a very specific overview of the behaviors that are presently being seen, i.e. crying, destruction of property, self harm etc.*

**BENCHMARK 1F:** The Dual Diagnosis Specialist appreciates the environmental, contextual, and individual learning styles.

*Benchmark 1F Performance Indicators*

1. *Identifies learning style. Discusses person's use of visual cues, auditory cues, reading, modeling, show and do methodology. Explains what has been tried in regard to helping the person to learn and includes techniques that work best for the person.*

**BENCHMARK 1G:** The Dual Diagnosis Specialist utilizes the above model to guide service/treatment planning.

*Benchmark 1G Performance Indicators*

1. *Demonstrates inclusion of this best practice model to guide the person's services and treatment planning*

**References:**

- Gardner, W. I., Griffiths, D. M., & Hamlin, J.P. (2012). Biopsychosocial features influencing aggression: A multimodal assessment and therapy approach. In J. K. Luiselli (Ed.), *The handbook of high-risk challenging behaviors in people with intellectual and developmental disabilities* (pp. 83-102). Baltimore: Brookes Publishing.
- Gardner, W. I., Dosen, A., Griffiths, D. M., & King, R., (2006). *Practice guidelines for diagnostic, treatment, and related support services for persons with developmental disabilities and serious behavior problems*. Kingston, NY: NADD Press.
- Reiss, S. (2010). *Human needs and intellectual disabilities: applications for person centered planning, dual diagnosis, and crisis intervention*. Kingston, NY: NADD Press.



**COMPETENCY STANDARD 2:  
Application of emerging best practices  
OVERVIEW**

Best practice standards demonstrate the integration of the best available research in the context of the characteristics, culture, and preferences of the individuals served. These are practices that have been shown to be of benefit to persons with MI/IDD. Evidence based practices consist of interventions that have been scientifically researched and studied. They can be replicated successfully and have been shown to produce measurable and sustained beneficial outcomes. Practices that are evidence based have sound theoretical underpinnings that explain why they work, procedures to evaluate outcomes, standards for conducting and evaluating staff training, procedures for maintaining quality and fidelity to the model of treatment delivery, and a written manual containing protocols for service delivery. These practices should incorporate the expertise of the practitioner, the best available evidence from scientifically sound research, and the concerns, expectations, values, and goals of the consumer.

**AREA OF KNOWLEDGE AND SKILL**

The following areas of knowledge and skill has been identified as a benchmark for satisfying Competency Standard 2: Application of emerging best practices.

**BENCHMARK 2A:** The Dual Diagnosis Specialist demonstrates understanding of assessments, their purpose, when they may be needed and how to obtain them.

*Benchmark 2A Performance Indicators*

1. *Identifies appropriate assessments and person-centered tools.*
2. *Articulates rationale or purpose for use of assessments.*

**BENCHMARK 2B:** The Dual Diagnosis Specialist understands the connection between assessment and service delivery.

*Benchmark 2B Performance Indicators*

1. Explains how suggestions and recommendations are incorporated in planning and implementation.

References

- Buntix, W., & Schalock, R. (2010). Models of disability, quality of life, and individualized supports: implications for professional practice in intellectual disability. *Journal of Policy & Practice in Intellectual Disabilities*, 7(4), 283-294.
- Fletcher R.; Loschen, E.; Stavrakaki, C.; & First, M. (Eds.). (2007). *DM-ID Diagnostic manual – Intellectual disability: A Clinical Guide of Diagnosis of Mental Disorders in Persons with Intellectual Disability*. Kingston, NY: NADD Press.
- Reiss, S. (2010). *Human needs and intellectual disabilities: Applications for person centered planning, dual diagnosis, and crisis intervention*. Kingston, NY: NADD Press.

**COMPETENCY STANDARD 3:  
Knowledge of therapeutic constructs**  
**OVERVIEW**

Persons with dual diagnoses benefit from all forms of therapy. Individuals may have intellectual limitations and neurosensory issues, as a result of which they are vulnerable to trauma and the vast array of mental illnesses. Additionally, research has heightened our understanding of genetic causes of many developmental disabilities and associated mental illnesses, and has assisted in our understanding of best practice approaches. Knowledge of psychotherapeutic techniques matched to the person's unique needs will lead to an outcome of improved wellness and heightened quality of life.

**AREAS OF KNOWLEDGE AND SKILL**

The following areas of knowledge and skill have been identified as benchmarks for satisfying Competency Standard 3: Knowledge of therapeutic constructs

**BENCHMARK 3A:** The Dual Diagnosis Specialist demonstrates an understanding of trauma and how it affects the brain and body.

*Benchmark 3A Performance Indicators*

1. *Demonstrates knowledge of high incidence of trauma*
2. *Understands how trauma may be expressed*
3. *Describes service from a trauma informed perspective*

**BENCHMARK 3B:** The Dual Diagnosis Specialist demonstrates an appreciation of neurosensory issues.

*Benchmark 3B Performance Indicators*

1. *Explains neurosensory disorders such as autistic spectrum disorders, attention deficit hyperactivity disorder or attention deficit disorder and how they effect the psychological well being or hamper the growth and well being as the person develops*
2. *Includes forms of treatment, from occupational, physical and speech therapies, to vision rehabilitation therapy, biomedical treatments, dietary interventions, applied behavior analysis, psychological therapy, and a host of other approaches, depending on the unique needs of the individual.*
3. *Describes how the results of finding a successful combination of treatments can include improved behavioral self-control, normalized perceptual processes, better academic performance, improved reading, and more stable emotional experience.*

**BENCHMARK 3C:** The Dual Diagnosis Specialist has understanding of genetic underpinning to guide treatment.

*Benchmark 3C Performance Indicators*

1. *Knows the potential for psychiatric and behavioral effects associated with particular genetic disorders (i.e., behavioral phenotypes) including Prader-Willi syndrome, Fragile X, and Down syndrome.*

2. Understands approaches to treatment are based on individualized strengths and vulnerabilities associated with the disorder and may include behavioral management, family interventions, and pharmacological interventions.
3. Discusses how interventions may make a difference in developmental course and behavior, including psychological, speech/language, and occupational therapy.

**BENCHMARK 3D:** The Dual Diagnosis Specialist demonstrates knowledge of psychotherapeutic skills.

*Benchmark 3D Performance Indicators*

1. *Models appropriate behaviors and techniques for dealing with problems*
2. *Affirms positive results and encouraging the client*
3. *Offers alternative choices*
4. *Understands use of artwork, role-play, social stories, music, and relationship building.*

**References:**

- Fletcher, R.J. (Ed.) (2011). *Psychotherapy for individuals with intellectual disability*. Kingston, NY: NADD Press.
- Fletcher, R., Loschen, E., Stavrakaki, C., & First, M. (Eds.). (2007). *Diagnostic manual – Intellectual disability (DM-ID): A textbook of diagnosis of mental disorders in persons with intellectual disability*. Kingston, NY: NADD Press.
- McGilvery, S., & Sweetland, D. (2011). *Intellectual disability and mental health: A training manual in dual diagnosis*. Kingston, NY: NADD Press.

**COMPETENCY STANDARD 4:**  
**Respectful and effective communication**  
**OVERVIEW**

Respectful and effective communication is that which conveys one's thoughts, needs, and desires to others in ways that they can readily understand, and in ways that assure others that their thoughts, needs, and desires are considered as important as those of the one speaking or writing.

**AREAS OF KNOWLEDGE AND SKILL**

The following areas of knowledge and skill have been identified as benchmarks for satisfying Competency Standard 4: Respectful and effective communication.

**BENCHMARK 4A:** The Dual Diagnosis Specialist ensures that the person is "in the driver's seat."

*Benchmark 4A Performance Indicators*

1. *Understands what the individual wishes to have as goals and can communicate those to others*
2. *Understands the processes/methods preferred by the individual in reaching goals and can communicate those to others*
3. *Demonstrates empathic communication with the individual*
4. *Ensures that the individual is consulted before anything is committed to paper*

**BENCHMARK 4B:** The Dual Diagnosis Specialist understands the importance of communication between stakeholders and supporters that is relevant to the person's care and well being.

*Benchmark 4B Performance Indicators*

1. *Identifies who is important both to and for the individual*
2. *Is able to communicate what is important to and for the individual with key stakeholders identified*
3. *Assures that others can reiterate, in their own words, what is important to and for the individual*
4. *Assures that regular key communication is shared with the individual and those important to and for him or her.*

**References:**

- Balandin, S. (2007). The role of the case manager in supporting communication. In C.M. Bigby, C. Fyffe, & E. Ozanne *Planning and support for people with intellectual disabilities : Issues for case managers and other professionals*. London: Jessica Kingsley Publishers.
- Gentile, J., & Gillig, P. (2012). Interviewing Techniques. In J. Gentile & M. Gilig (Eds.), *Psychiatry of intellectual disability: A practical manual*. Hoboken, NJ: Wiley.
- O' Dell, R. (2013). The under investigated influence of direct support professionals on healthcare decision making among adults with intellectual disabilities. *NADD Bulletin*, 16(1), 14-19.

**COMPETENCY STANDARD 5:**

**Knowledge of dual role service delivery & fiduciary responsibilities**

**OVERVIEW**

Professionals who serve persons with intellectual and developmental disability and mental health disorders need to understand the link between service delivery and being fiscally responsible. Abilities should include the skill necessary to assess the level of care needed, knowledge of resources available internally and externally, and how to find and access funding for those resources. There should be understanding of how to develop outcomes that are objective and measurable, along with the required documentation to the support provision of the service.

**AREAS OF KNOWLEDGE AND SKILL**

The following areas of knowledge and skill have been identified as benchmarks for satisfying Competency Standard 5: Knowledge of dual role service delivery & fiduciary responsibilities

**BENCHMARK 5A:** The Dual Diagnosis Specialist is able to report on progress of the person in relationship to therapeutic goals and outcomes.

*Benchmark 5A Performance Indicators*

1. *Is able to assess whether the treatment goals and outcomes will be measurable and relevant*
2. *Reports on progress by utilizing documentation that meets the specific fiduciary requirements*

**BENCHMARK 5B:** The Dual Diagnosis Specialist identifies the connection between funding and good care

*Benchmark 5B Performance Indicators*

1. *Understands the services available under the funding stream and has ability to recognize which treatment will have the most significant impact.*
2. *Is able to maximize service within the parameters of funding by defining clear-cut attainable goals.*

**BENCHMARK 5C:** The Dual Diagnosis Specialist has an ability to work with clinicians and other stakeholders if outcomes are not being achieved

*Benchmark 5C Performance Indicators*

1. *Is aware of resources and has knowledge of other specialties and supports that will enhance the client's treatment.*
2. *Recognizes the complex systems and team approach that is needed in treating someone with a dual diagnosis.*

**References:**

Bigby, C, Fyffe, C. & Ozanne, E. (2007). *Planning and support for people with intellectual disabilities : Issues for case managers and other professionals.*, London: Jessica Kingsley Publishers.

McFalls, D. (2012). The cost of supporting a person with intellectual disability and serious and persistent mental illness: Results of a PA survey (Executive Summary). *NADD Bulletin*, 15(2), 26-27.

O'Brien, J. (2006). *Perspectives on "most integrated" services for people with developmental disabilities*. Syracuse, NY: Responsive System Associates, Center on Human Policy, Syracuse University.

Schalock, R. L., Gardner, J. F., & Bradley, V. J. (2007). *Quality of life for people with intellectual and other developmental disabilities. Applications across individuals, organizations, communities, and systems*. Washington, DC: American Association on Intellectual and Developmental Disabilities.

## COMPETENCY STANDARD 6:

### Ability to apply administrative critical thinking

#### OVERVIEW

It is important that administrators have an understanding of the multimodal approach to meeting the bio-psycho-social needs of people served, and have ability to use observation and data to determine if the needs of individuals served are being met efficiently and effectively and with cultural competence. This requires that they be able to think critically about programmatic approaches, needed resources, and, most importantly, outcomes for individuals served. The administrator should be knowledgeable about how to bring about systemic changes in approaches used, how to measure and discriminate among the effects of interventions, and how to use the data about outcomes to assess effectiveness and drive change.

**Benchmark 6A:** The Dual Diagnosis Specialist recognizes the importance and need for staff and families to understand the multimodal approach.

#### *Benchmark 6A Performance Indicators*

- 1. Understands and appreciates the importance of the multi-modal approach in assessing and helping to meet an individual's needs.*
- 2. Is able to marshal resources to train both staff and family members in the interrelationship of the elements of the assessment and plan*
- 3. Is able to organize and assess data to determine if goals are met efficiently and effectively.*

**Benchmark 6B:** The Dual Diagnosis Specialist demonstrates understanding of training needs for DSPs/teams/families to implement treatment/support plans.

#### *Benchmark 6B Performance Indicators*

- 1. Understands principles of adult learning and has ability to adapt material to meet individual needs*
- 2. Is able to relate basic elements of treatment/support plans to diverse groups*
- 3. Is able to organize and synthesize information from assessment/support plan so that it becomes useful*

**Benchmark 6C:** The Dual Diagnosis Specialist has the ability to assess and resource effective strategies in meeting individuals' wants and needs.

#### *Benchmark 6C Performance Indicators*

- 1. Identifies unmet needs based on communication and environmental assessments*
- 2. Recognizes balance in what is important "to and for" the individuals, as well as their strengths, talents, and interests*
- 3. Recognizes quality of life issues including relationships, social supports, safety and security, mental and physical health, religion/spirituality, and happiness*
- 4. Facilitates effective and efficient internal and external communication and collects and analyzes complete and accurate data in order to identify needs.*

**Benchmark 6D:** The Dual Diagnosis Specialist is able to let providers know that behavior plans may be too complicated to be implemented.

*Benchmark 6D Performance Indicators*

1. *Assesses plans via direct observation of implementation, interviewing DSPs/family/team and individuals and monitoring data*
2. *Understands the connection between data and the plan and how to utilize changes in data to make decisions*
3. *Uses baseline data as a reference for tracking change*
4. *Identifies changes in behavior/symptoms as early signs of difficulty or success and communicates with DSPs/family/team*

**Benchmark 6E:** DD Specialist is able to identify when a plan may not meet the needs of the person

*Benchmark 6E Performance Indicators*

1. *Understands the connection between multimodal assessment and the plan*
2. *Understands the person's behavior in terms of communicative intent*
3. *Recognizes that changes or lack of changes in behavior/symptoms may indicate that needs are not being addressed and communicates need for reassessment*

**References:**

- Agosta, J., Fortune, J., Kimmich, M., Melda, K., Smith, D., Auerbach, K., & Taub, S. (2009). *Ten issues for states to consider in implementing individual or level-based budget allocations*. Portland, OR: Human Services Research Institute.
- Cox, J. (2012). Legal issues for treatment providers and evaluators. In J. Gentile & M. Gilig (Eds.), *Psychiatry of intellectual disability: A practical manual*. Hoboken, NJ: Wiley.
- Dart, L., Gapen, W., & Morris, S. (2002). Building responsive service systems. In D.M. Griffiths, C. Stavrakaki, & J. Summers (Eds.), *Dual diagnosis: An introduction to the mental health needs of persons with developmental disabilities* (pp. 283-323). Sudburg, ON: Habilitative Mental Health Resource Network.
- Pokrzywinski, J., & Powell, R. (2003). A brief review of systems-level issues in behavior support plan adherence. *NADD Bulletin*, 6(6), 101-111.



Appendix B

The NADD Competency-Based Specialist Certification Program  
Application Form

**I. Personal Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State(Province)/Zipcode \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Home phone: \_\_\_\_\_

*NADD Membership*

Are you an individual member of NADD?  Yes  No  
NADD Membership Number: \_\_\_\_\_  
Does your organization have a NADD organizational membership? Yes  No   
NADD Organizational Membership Number: \_\_\_\_\_  
(If you do not know, contact NADD office.)

**II. Education and/or Credential**

You may hold (1) a Masters degree in a related field (and one year of experience), (2) a Bachelor's degree in a related field (and 2 years of related experience), (3) 60 credit hours in a related field ( and 3 years of related experience) or (4) credential from a professional governing body.

Post secondary education is not required; however, a thorough explanation of the experience base must accompany the application as equivalence determination resides with the NADD Competency-Based Certification Program. The review committee may recognize other types of accreditation and certifications

**1. Education.** I have the following education:

Master's level, Please specify: \_\_\_\_\_  
 Bachelor's level, Please specify: \_\_\_\_\_  
 60 credit hours, Please specify: \_\_\_\_\_  
 no Post secondary education

**2. Certification.** I hold the following certification (*Please attach a copy of your certification*):

\_\_\_\_\_  
 \_\_\_\_\_  
 Other, please specify \_\_\_\_\_

**Credential Information:**

State or Province: \_\_\_\_\_  
License Number: \_\_\_\_\_  
Professional Governing Body: \_\_\_\_\_  
Credential/Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**III. Experience**

You must have experience in support of persons with intellectual/developmental disabilities and mental health issues. This can include internships and externships.

How many years of experience do you have working with persons with intellectual/developmental disabilities and mental health issues? \_\_\_\_\_

*Experience confirmation:*

For those experiences which you are counting toward your experience requirement, please provide the following information. Use additional pages if necessary.

Organization/Place Worked: \_\_\_\_\_

Address: \_\_\_\_\_

Dates worked: \_\_\_\_\_

Contact person (supervisor): \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Organization/Place Worked: \_\_\_\_\_

Address: \_\_\_\_\_

Dates worked: \_\_\_\_\_

Contact person (supervisor): \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Organization/Place Worked: \_\_\_\_\_

Address: \_\_\_\_\_

Dates worked: \_\_\_\_\_

Contact person (supervisor): \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Organization/Place Worked: \_\_\_\_\_

Address: \_\_\_\_\_

Dates worked: \_\_\_\_\_

Contact person (supervisor): \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Organization/Place Worked: \_\_\_\_\_

Address: \_\_\_\_\_

Dates worked: \_\_\_\_\_

Contact person (supervisor): \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

*Please attach your curriculum vitae.*

**IV Ethical Behavior**

Have you ever been convicted of a crime? [ ] Yes [ ] No

Have you ever been the subject of a lawsuit? [ ] Yes [ ] No

Have you ever been the subject of a disciplinary hearing? [ ] Yes [ ] No

If yes to any of the above questions please provide the details, on a separate page, of any crimes, past or pending lawsuits or disciplinary events.

**Principles**

All candidates for the NADD Competency-Based Dual Diagnosis Specialist Certification commit themselves to the following principles:

- ❖ Specialists discharge their responsibilities in accordance with standards of practice in their field.
- ❖ Specialists recognize the collaborative nature and unique role of the interdisciplinary team in providing quality services for individuals with intellectual/developmental disabilities and mental illness
- ❖ Specialists respect the inherent dignity and worth of the individual.
- ❖ Specialists strive to ensure that services are culturally relevant to the individuals receiving services.
- ❖ Specialists build on the strengths and capabilities of individuals.
- ❖ Services are person-centered. They are informed by the individual’s values, hopes, and aspirations and are designed to address the unique needs of individuals.
- ❖ Specialist’s services promote self-determination and empowerment.
- ❖ Specialists uphold professional standards of conduct and accept appropriate responsibility for their behavior.
- ❖ Specialists maintain their professional independence and avoid situations of conflict of interest that may affect the discharge of their responsibilities towards the individuals who receive their services.
- ❖ Specialists take measures to resolve real and apparent conflicts of interest.
- ❖ Specialists act with integrity in their relationships with colleagues, families, significant others, other organizations, agencies, institutions, referral sources, and other professions in order to maximize benefits for the person receiving services.
- ❖ Specialists respect the privacy of persons being served and maintain confidentiality at all levels in accordance with professional standards of practice as well as state/province and federal (American or Canadian) law.
- ❖ Specialists engage in professional development.

By my signature, I affirm that:

I have read and am committed to the principles listed above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Application should be mailed to:**

NADD Accreditation & Certification Programs

132 Fair Street

Kingston, NY 12401-4802

**Payment method:**

Check enclosed (Please make checks payable to : NADD.)

Please charge my credit card  MasterCard  VISA  Discover

Card Number: \_\_\_\_\_

Exp. Date: \_\_ \_\_ / \_\_ \_\_ Signature: \_\_\_\_\_

## Appendix C

### Work Sample Guidelines

#### Work Sample Outline

The work sample should be 3 - 5 pages double-spaced. The citations do not count toward the page limitation. The work sample should include the following elements:

- A. Relevant Background information - include problem addressed
- B. Structure/format for addressing the issue(s)
- C. Characterize the course of the service delivery
- D. Issues that arose and how these were addressed
- E. Description of the outcome.
- F. Citation of at least two journal articles within the past 5 years regarding service delivery/training/ etc. of people with a dual diagnosis.

The work sample should demonstrate the following:

- 1) Ability communicate effectively
  - a. If you are an administrator, provide an example of how you have effectively communicated the need for change in the system for which you have responsibility.
  - b. If you are a trainer, provide an example of how you have changed training content to meet the receptive communication needs of trainees.
  - c. If you are a case manager or a service or support coordinator, provide an example of how you have been able to communicate clearly and effectively with people you serve.
  - d. If you are a peer support specialist, provide an example of how you have helped to bridge communication between individuals being served and others providing services and supports.
  - e. If you have another role, not mentioned here, provide an example of how your ability to communicate has enhanced life for individuals with IDD/MI.
- 2) Understanding of programmatic issues having an impact on individuals with dual diagnosis
  - a. If you are an administrator, provide an example of how your understanding of programmatic issues (e.g., limited payment mechanisms, dysfunctional administrative rules) brought about change to enhance life for individuals with dual diagnosis.
  - b. If you are a trainer, provide an example of a programmatic issue about which you have trained people so that the lives of service recipients are enhanced.
  - c. If you are a case manager or a service or support coordinator, provide an example of how you overcame programmatic issues to acquire something needed for the people you serve.
  - d. If you are a peer support specialist, provide an example of how you helped somebody you serve get what they needed.
  - e. If you have another role, not mentioned here, provide an example of how your understanding of programmatic issues has helped improve lives.
- 3) Understanding of inter-systems issues and how differences can be resolved
  - a. If you are an administrator, provide an example of a policy or process change for which you were responsible, and explain how it improved services and supports for individuals with IDD/MI.

- b. If you are a trainer, please provide an example of at least three training sessions you have conducted, and how those improved services and supports for people with IDD/MI.
- c. If you are a case manager or a service or support coordinator, please provide example of facilitating services to meet the bio-psycho-social needs of at least three individuals with differing needs from both the mental health and developmental disabilities systems.
- d. If you are a peer support specialist, provide an example of how you have helped bridge the gap between systems to assist the people you serve.
- e. If you have another role, not mentioned above, describe that role, and provide at least three examples of how your work has improved services and supports for individuals with IDD/MI.

Prior to submission of the work sample, the applicant should ensure the work sample includes consideration of each of the targeted areas and demonstrates incorporation of the competency areas. The applicant may use one case for the entire work sample or a different case for each of the 3 questions.

NADD will assign two examiners to review to work sample. The work sample will be reviewed to determine whether the candidate demonstrates competency. If the work sample is found to be acceptable, the interview will be scheduled. The examiners may require submission of additional information – including, in some cases, resubmission of the work sample – before they approve scheduling of the interview.

## Appendix D

### Interview Guidelines

1. Discussion of applicant's training and experience in dual diagnosis, jobs, position, program
2. Review of capacity and work with (or support of) individuals with dual diagnosis
3. Discussion of one project/program/service plan/training that involves dual diagnosis.
4. Discussion of instance where applicant effected change in the life (or lives) of a person with dual diagnosis.
5. Discussion of systemic change applicant initiated in the work environment.
6. Discussion of work sample submitted with application. This discussion will include all the elements of the outline in Appendix C and should demonstrate the following:
  - a. Multi-modal/bio-psycho-social approach;
  - b. Application of emerging best practices;
  - c. Knowledge of therapeutic constructs;
  - d. Respectful and effective communication;
  - e. Knowledge of dual role service delivery & fiduciary responsibilities; and
  - f. Ability to apply administrative critical thinking.
7. Behavioral type questions

#### Targeted answers

1. Details that would include language around noted competency areas on the guide:
  - a. Multi-modal/bio-psycho-social approach;
  - b. Application of emerging best practices;
  - c. Knowledge of therapeutic constructs;
  - d. Respectful and effective communication;
  - e. Knowledge of dual role service delivery & fiduciary responsibilities;
  - f. Ability to apply administrative critical thinking.
2. Demonstration of critical thinking and a person-centered value system
3. Demonstration of knowledge of systems or services issues that could be improved to increase the quality of services for persons with dual diagnosis.

## Appendix E

### NADD Competency Based Specialist Certification Program Letter of Recommendation Directions

**Instructions to the Applicant:** Please provide this form to three (3) colleagues and/or present or past supervisor(s) who are able to comment upon your skills, knowledge, values, and level of competency concerning the provision of services to individuals who has intellectual and developmental disabilities co-occurring with mental illness. Upon receipt of your reference letters, please forward them, in sealed envelope that you received together with the rest of your application material.

**Instructions to Reference Person:** Please give the applicant your letter of reference in a sealed envelope. Please sign your name across the envelope seal.

Dear Reference Person:

Thank you for providing a reference letter for an applicant to the NADD Competency-Based Dual Diagnosis Specialist Certification Program. The panel reviewing the application places strong consideration upon the reference letter of colleagues and supervisors in making its determination. We suggest several points of focus in your letter of recommendation:

1. How long have you known the applicant and in what context?
2. Please provide a statement about the applicant's work which includes references to his/her knowledge, skills, values, and level of competency
3. Please provide information regarding the applicant's demonstration of professionalism and transdisciplinary activity
4. Please describe any other personal qualities and/or professional contributions that distinguish this applicant as a Specialist working with individuals who have a dual diagnosis
5. Please indicate any potential concerns regarding professional certification of this individual