


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

THE NADD
COMPETENCY-BASED
DIRECT SUPPORT PROFESSIONAL
CERTIFICATION
PROGRAM

A circular yellow logo with a scalloped edge. The text "ACCREDITATION" is written along the top inner curve, "NADD" is in the center, and "CERTIFICATION" is written along the bottom inner curve. Two small stars are positioned on the left and right sides of the center text.

NADD
12 Hurley Avenue
Kingston, New York 12401
(845) 331-4336 or (800) 331-5362
info@thenadd.org
www.thenadd.org

THE NADD COMPETENCY-BASED DIRECT SUPPORT PROFESSIONAL CERTIFICATION PROGRAM

EXECUTIVE SUMMARY

It is estimated that more than a million people in the US have a dual diagnosis of Intellectual or Developmental Disability and Mental Illness (IDD/MI). Many people with IDD/MI are supported in our communities by direct support professionals (DSPs). People with IDD/MI who live in institutions are also supported by DSPs. DSPs support people at home. They may also support people in school and at work.

Very often people with IDD/MI have complex needs. They may have difficulty with their behavior. They may have difficulty communicating with staff and others. Describing and managing the symptoms of their mental illness may be very challenging for them. As a result, people with this dual diagnosis are at increased risk of being given unnecessary medication. They are

The competence of the DSP can make a big difference in the quality of life for people.

more likely to have their rights restricted and to experience restraints. They may struggle to have good relationships. They are at increased risk for abuse and neglect. Helping a person with these needs successfully learn to manage their behavior or achieve a personal goal can be among the most rewarding activities a DSP will ever experience.

In general, DSPs spend more time with the person with IDD/MI than any other professional. The competence of the DSP can make a big difference in the quality of life for people. DSPs are often the ones charged with

supporting skill building. They help the person engage in recommended therapies on a day-to-day basis. This work requires an advanced level of skill and knowledge to do well. However, there is little available to guide DSPs and others in identifying the specific competencies a DSP should have for this work. As a result, many DSPs are under-qualified. Too often, they lack the support and training to do well. This lack of standards can make finding, hiring, training, and retaining qualified DSPs difficult. As a result, many people with IDD/MI do not have adequate daily support.

DSP competency-based certification validates and provides assurance to individuals served, colleagues, and employers that a direct support professional has met the standards established by NADD for providing services to individuals with IDD/MI.

NADD has developed a program to certify the competency of DSPs who support people with a dual diagnosis. DSP competency-based certification validates and provides assurance to individuals served, colleagues, and employers that a direct support professional has met the standards established by NADD for providing services to individuals with IDD/MI. In addition to the prestige this certification provides, it may benefit the DSP through greater employment opportunities, job security, pay raises, and promotions. The certification is portable; DSPs 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 goal of DSP 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 standards for Direct Support Professionals and through promoting their ongoing professional development.

In order to be considered for certification, the applicant must meet the following pre-requisites: (1) must have worked as a DSP in the developmental disability or mental health field for at least one calendar year and must have completed 1000 hours of direct support work; (2) must be an employee in good standing; and (3) must sign Code of Ethics.

The application will be completed on line. Applicants will be required to list their experience and formal education. Applicants are required to submit two completed recommendation forms. The form is designed to elicit accounts of work done with individuals with dual diagnoses that illustrate: (1) values, (2) knowledge, and (3) skills in the identified competency areas.

Once the application has been reviewed, the applicant will be given instructions about taking the certification test. The test is completed on line and is in the form of a multiple choice test. Applicants will be provided with scenarios involving working with individuals with a dual diagnosis and will be asked questions that will show their skills, knowledge, and values involving caring for individuals with a dual diagnosis. Applicants must demonstrate competency in the required competency areas.

The DSP applicant will need to demonstrate competency in the following five competency areas:

1. Assessment and Observation
2. Behavior Support
3. Crisis Prevention and Intervention
4. Health and Wellness
5. Community Collaboration and Teamwork

An overall score of 80% is required for passing, as well as a minimum score of 60% in each of the five competency areas.

Direct Support Professionals who receive NADD DSP certification will be entitled to use "NADD-DSP" as a credential.

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DSP CERTIFICATION WORK GROUP

The NADD Competency-Based Direct Support Professional Certification Program in Dual Diagnosis was developed using an expert-consensus model. This work group of experts has been meeting for the past four years to identify appropriate competency areas and to design a fair and comprehensive program for evaluating the competency of direct support professionals to properly care for individuals with intellectual and developmental disabilities who also have mental health needs.

Program Directors

Robert Fletcher, DSW, ACSW
Kingston, NY

Donna McNellis, PhD
Philadelphia, PA

Chairperson

Kathleen Olson, PhD
Parsons, KS

Work Group Members

Melissa Cheplic, MPH, CHES
New Brunswick, NY

Susan N. O'Neill
Minneapolis, MN

Jerry Hodges, MA, MBA
Las Vegas, NV

Tony Thomas, LISW, ACSW
Rocky River, OH

Deceil Moore, LCSW
Muncie, IN

Belinda White, MSW
Ukiah, CA

Susan Morris, BSW, MSW, RSW
Toronto, Ontario

INTRODUCTION

Dual Diagnosis Prevalence, the Unique Needs of Those with a Dual Diagnosis, and the Challenge of Providing Direct Care to Individuals with a Dual Diagnosis

Individuals who have both mental illness and intellectual or developmental disability (IDD) are said to have a dual diagnosis. More than a million

Very often people with IDD/MI have complex needs.

people in the United States have both mental illness and intellectual disability.¹ 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,² with up to 40 percent having psychiatric symptoms – including mental, behavioral and personality disorders.^{3,4} These individuals have complex needs and present challenges to direct support professionals.

Very often people with IDD/MI have complex needs. They may have difficulty with their behavior. They may have difficulty communicating with

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

² 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).

³ 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.

⁴ 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.

staff and others. Describing and managing the symptoms of their mental illness may be very challenging for them. As a result, people with this dual diagnosis are at increased risk of being given unnecessary medication. They are more likely to have their rights restricted and to experience restraints. They may struggle to have good relationships. They are at increased risk for abuse and neglect. Helping a person with these needs successfully learn to manage their behavior or achieve a personal goal can be among the most rewarding activities a DSP will ever experience.

In general, DSPs spend more time with the person with IDD/MI than any other professional. The competence of the DSP can make a big difference

[A] lack of standards can make finding, hiring, training, and retaining qualified DSPs difficult.

in the quality of life for people. DSPs are often the ones charged with supporting skill building. They help the person engage in recommended therapies on a day-to-day basis. This work requires an

advanced level of skill and knowledge to do well. However, there is little available to guide DSPs and others in identifying the specific competencies a DSP should have for this work. As a result, many DSPs are under-qualified. Too often, they lack the support and training to do well. This lack of standards can make finding, hiring, training, and retaining qualified DSPs difficult. As a result, many people with IDD/MI do not have adequate daily support.

The Direct Support Professional

A variety of terms and job titles that are used to identify people who work providing direct support and care to individuals who have intellectual or developmental disabilities (IDD), including direct care worker, direct support worker, direct support person, certified nursing assistant, home health aide, and personal care assistant. We favor the use of the term Direct Support Professional (DSP) in order to acknowledge the importance of the work that these individuals perform and to support recognizing an increased professionalization of these positions.

NADD

Founded by Dr. Robert Fletcher 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 as well as consultation services concerning individuals with intellectual disabilities and mental illness. 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 intellectual disability and has been a national leading force advocating on behalf of individuals who have mental illness and intellectual disability.

In furtherance of its mission to advance mental wellness for persons with intellectual disabilities, NADD has spent significant time and effort identifying the service needs of individuals with intellectual 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 individuals with a dual diagnosis.

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. The Accreditation and Certification Programs are composed of three (3) separate but interrelated competency-based quality assurance programs designed to establish standards in the field of mental health care for people who have intellectual disabilities and mental health needs (dual diagnosis). One is a standard-setting accreditation program for organizations, one is a competency-based certification program for clinical staff, and the other is a competency-based certification program for direct support professionals (DSP).

Certification

What is certification?

Certification is a review process designed to establish standards of practice. Certification identifies the skills, knowledge, and attributes needed to complete a task – in the case of the NADD Competency Based Certification Program for Direct Support Professionals, the task is

providing direct care to individuals with a dual diagnosis of intellectual or developmental disability and mental illness.. The NADD Competency-Based Certification Program for Direct Support Professionals is designed to review and assess the competence of staff providing direct care to individuals who have co-occurring intellectual or developmental disability and mental illness.

Why Certification?

- Credentialed DSPs will feel valued and take pride in the direct support work provided to individuals who have IDD/MI
- Credentialed DSPs will be recognized for the skills, knowledge, and values they have acquired in the field of dual diagnosis
- Employers may benefit by a reduction in DSP turnover when they hire NADD credentialed DSPs
- Employers will benefit by an increase in the consistency of high quality supports delivered by NADD credentialed DSPs.
- DSPs may benefit by wage enhancement programs for those who have NADD credentials
- The people who use support services will lead better lives because the DSPs who support them have the knowledge, skills, and attitudes needed to support the individual's preferences and personal goals in the field of dual diagnoses.

DSP competency-based certification validates and provides assurance to individuals served, colleagues, and employers that a direct support professional has met the standards established by NADD for providing services to individuals with IDD/MI.

Why Competency Based?

- Provides a reliable, valid assessment of the ability of the individual to perform appropriate tasks related to the DSP role in working with people who have IDD/MI
- A competency-based system recognizes the importance of knowledge, skills, abilities, personality traits, and other characteristics in performing the required tasks

What are the benefits of certification?

Benefits for the direct care worker:

DSP competency-based certification validates and provides assurance to individuals served, colleagues, and employers that a direct support professional has met the standards established by NADD for providing services to individuals with IDD/MI. In addition to the prestige this certification provides, it may benefit the DSP through greater employment opportunities, job security, pay raises, and promotions. The certification is portable; DSPs 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.

Benefits for the agency or program

Agencies are charged with ensuring that staff are properly qualified and that staff who provide direct care to individuals with IDD/MI has the skills, knowledge, and values needed to provide this care. A North American based certification program provides 'standards' against which they can measure staff qualification and also begin to establish an appropriate level of knowledge, skills, and values as it pertains to the field of dual diagnosis. Agencies will be assured that the DSP staff that they hire who are NADD certified will have the level of competence required to perform their tasks. An advantage of hiring a NADD DSP is that the agency has hired a person who has already demonstrated competency and therefore will likely not require expenditures related to training in dual diagnosis as compared to those who are not NADD DSPs. Therefore there is a financial advantage in hiring NADD DSPs.

Benefits for the consumer or purchaser of services

People receiving services, parents, venders, regulators, and insurance companies can be assured DSPs who have earned the NADD certification have met the standards set by NADD for the provision of direct care to people with a dual diagnosis. The person receiving services, their family and advocates can take comfort that the support provided on a day-to-day basis will be delivered by staff who are competent and have the appropriate level of knowledge, skills and values. Third party payers can be assured that they are purchasing quality services.

Benefits for the field

The goal of DSP 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 standards for Direct Support Professionals and through promoting their ongoing professional development. One of NADD's main objectives is to "raise the bar" in direct support services delivered for people who have a dual diagnosis. We believe that as a result of the NADD Competency-Based Direct Support Professional Certification Program in Dual Diagnosis, services will be provided by DSPs who have a high level of competence. We believe DSPs will strive to achieve this level of expertise in order to receive NADD certification. As more DSPs within North America become NADD certified, the quality of direct support service provided should be significantly improved.

The goal of DSP 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 standards for Direct Support Professionals and through promoting their ongoing professional development.

Credential

Direct Support Professionals who receive NADD DSP certification will be entitled to use "NADD-DSP" as a credential.

Development of Standards

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

Recognition of Certification

NADD DSP certification indicates to employers, people receiving services, families, and agencies that the certified direct care professional has demonstrated an appropriate level of skills, knowledge, and values to

provide care for individuals with a dual diagnosis and has demonstrated competence according to the standards established by NADD.

Competency Areas

The DSP applicant will need to demonstrate competency in the following five competency areas:

1. Assessment and Observation
2. Behavior Support
3. Crisis Prevention and Intervention
4. Health and Wellness
5. Community Collaboration and Teamwork

For more information about these competency standards, including knowledge and skill benchmarks see Appendix A.

NADD Membership

DSPs 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 DSP certification. A NADD organizational membership may satisfy this requirement if the DSP is an

A NADD organizational membership may satisfy this requirement if the DSP is an employee of the organization which has a NADD organizational membership.

employee of the organization which has a NADD organizational 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 DSP would need the benefits of a NADD membership.

APPLICATION PROCEDURE

Pre-Requisites

The pre-requisites for NADD DSP certification are:

- Meet the requirement for number of hours worked
 - The applicant must have worked as a direct support professional (DSP) in the developmental disability or mental health field for at least one calendar year and must have completed 1000 hours of direct support work, either paid or unpaid
- Employee in good standing
 - Applicant must be validated by current employer as being an employee in “good standing.” This includes that the applicant is (was) not under disciplinary review or probation and that the applicant is (was) in compliance with all agency and state/provincial requirements.
- Ethics
 - The applicant must review and sign off on the Code of Ethics developed by the National Alliance for Direct Support Professionals (see Appendix B).
- NADD membership (either an individual NADD membership or employment in an organization holding a NADD organizational membership)
- Screening Self-Report
 - The applicant must complete a self report of experience, skill, and knowledge.

Application

The application will be completed on line. Applicants will be required to list their experience and formal education. When listing work experience, applicants will be required to provide the hours of work, job title, brief description of setting/agency, as well as providing supervisory contact for each employer so that information can be verified. Applicants will list their formal education, providing dates and completed certificates or degrees. Applicants can list any continuing education classes, coursework, developmental activities, or in-service trainings related to skills, knowledge, and values of credential competencies.

Applicants are required to submit two completed recommendation forms – one from a person receiving services or his or her representative, and the second from a supervisor at the current or most recent employment. The form is designed to elicit accounts of work done with individuals with dual diagnoses that illustrate: (1) values, (2) knowledge, and (3) skills in the identified competency areas, especially as they relate to problem-solving and leadership. (See Appendix D – Letter of Reference Directions.)

Test Procedure

Once the application has been reviewed, the applicant will be given instructions about taking the certification test. The test is completed on line and is in the form of a multiple choice test. Applicants will be provided with scenarios involving working with individuals with a dual diagnosis and will be asked questions designed to allow them to exhibit their qualification as a DSP. Applicants must demonstrate competency in the required competency areas. An overall score of 80% is required for passing, as well as a minimum score of 60% in each of the five competency areas.

Applicants who do not pass the test are permitted to re-take it two more times (total of three times). To insure that the applicant has the opportunity to review and strengthen his or her understanding, the re-test may not be sooner than three months after the previous test.

COST

The cost of the NADD Competency-Based DSP Certification is \$60.00, payable in the form of a non-refundable application/exam fee which must be paid when applying for Certification.

DSPs seeking certification are required to be members of NADD at the time they apply for certification and to maintain NADD membership throughout the time that they hold certification. Those DSPs who are employed by an organization holding a NADD organizational membership do not need a separate membership since they are entitled to all of the privileges of membership (except voting). For those DSPs who are not employed by an organization with a NADD organizational membership, an individual NADD membership for a DSP will cost \$60.00 per year.

The NADD Competency-Based Certification is good for two years. There is no annual fee or additional payment required during the term of certification. The cost of renewing certification after this two year period is \$30.00, which will be the only charge for certification during the next two year period.

CONTINUING CERTIFICATION

Requirements to Maintain DSP Certification

Once a DSP has received NADD Competency-Based Certification, the DSP must:

- Maintain his or her NADD membership (individual or through the organizational membership of an employer)
- Renew his or her certification every two years. This includes meeting the continuing education requirement (see below) and paying the renewal fee.
- Continue to meet agency and state/provincial requirements to maintain eligibility as “an employee in good standing.”
- Continue to meet the ethical standards concerning providing direct care to individuals with a dual diagnosis (see below for the procedure for Complaints Against NADD-Certified DSPs).

Renewing Certification

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

Approximately three months before the DSP’s certification is scheduled to expire, NADD will send the DSP 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.

Continued Training Requirement

All NADD certified DSPs are required to obtain eight (8) hours of additional education and training every 2 years in areas related to Mental Wellness and Mental Health for persons with IDD. 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 continuing education is equivalent to 60 minutes of instructional time.

While all NADD-certified DSPs are expected to meet agency and state/provincial requirements to maintain eligibility as “an employee in good standing,” as referenced in the application procedure, compliance with these mandatory trainings does not meet the continuing education requirement and may not be applied to the eight (8) hours.

Continuing education credit will be documented on an on-line form. It is the responsibility of the applicant to provide verifiable information of the training received, training provided, and publication to be considered for continuing education credit. For example, an applicant must provide the date, topic, sponsoring or training organization, trainer, and number of hours for each continuing education claimed

DSP CERTIFICATION CHECKLIST

- Experience – minimum of one calendar year as a direct support professional in the developmental disability or mental health field; must have completed 1000 hours of direct support work.
- Employee in good standing.
- NADD membership is required.
- Complete application on line
 - List experience and education
 - Promise to abide by Code of Ethics
- Two recommendations concerning work supporting individuals with dual diagnosis.
- Application fee: \$60.00.
- On-line examination of competencies.

CONDITIONS THAT MAY RESULT IN CERTIFICATION REVOCATION

The NADD DSP Competency Based Certification may be revoked for:

- Failure to maintain NADD membership
- Failure to renew certification
- Unprofessional conduct (see below section on Complaints Against NADD-Certified DSPs)

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

Once a certification has been revoked, a DSP who desires NADD certification would need to re-apply as though this were a new application and re-take the exam. A DSP whose certification is 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.

COMPLAINTS AGAINST NADD-CERTIFIED DSPS

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

Ethics Review – DSP Certification
NADD
12 Hurley Avenue
Kingston, NY 12401

When a complaint is received, the NADD-certified DSP will be immediately notified and asked to respond to the complaint in writing. The DSP 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 DSP'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.

DISCLAIMER

Certification is voluntary. It is not intended to replace licensure, nor do any governmental or regulatory entities currently require certification. 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 Standards

Overview

Competency Standard 1: Assessment and Observation

Competency Standard 2: Behavior Support

Competency Standard 3: Crisis Prevention and Intervention

Competency Standard 4: Health and Wellness

Competency Standard 5: Community Collaboration and Teamwork

Appendix B – Code of Ethics

Appendix C – Summary of Experience and Education Worksheet

Appendix A
Competency Standards

**The NADD Direct Support Professional (DSP) Competencies in
Support to Individuals with Intellectual or Developmental Disabilities
and Mental Health Conditions (IDD/MH)**

Overview

It is estimated that more than a million people in the US have a dual diagnosis of Intellectual or Developmental Disability and Mental Illness (IDD/MI) (Reiss, 2010, p. 50). Many people with IDD/MI are supported in our communities by direct support professionals (DSPs). People with IDD/MI who live in institutions are also supported by DSPs. DSPs support people at home. They may also support people in school and at work. These positions are both challenging and rewarding for the DSP.

Very often people with IDD/MI have complex needs. They may have difficulty with their behavior. They may have difficulty communicating with staff and others. Describing and managing the symptoms of their mental illness may be very challenging for them. As a result, people with this dual diagnosis are at increased risk of being given unnecessary medication. They are more likely to have their rights restricted and to experience restraints. They may struggle to have good relationships. They are at increased risk for abuse and neglect. Helping a person with these needs successfully learn to manage their behavior or achieve a personal goal can be among the most rewarding activities a DSP will ever experience.

In general, DSPs spend more time with the person with IDD/MI than any other professional. The competence of the DSP can make a big difference in the quality of life for people. DSPs are often the ones charged with supporting skill building. They help the person engage in recommended therapies on a day-to-day basis. This work requires an advanced level of skill and knowledge to do well. However, there is little available to guide DSPs and others in identifying the specific competencies a DSP should have for this work. As a result, many DSPs are under-qualified. Too often, they lack the support and training to do well. This lack of standards can make finding, hiring, training, and retaining qualified DSPs difficult. As a result, many people with IDD/MI do not have adequate daily support.

NADD has recognized this critical gap. NADD undertook an effort to help enhance services and support to people with IDD/MI needs. NADD has developed a comprehensive approach to evaluating and enhancing these services. It includes a multi-tiered review and credentialing process. It looks at the organization as a whole. It identifies important competencies and experiences for licensed mental health professionals. Finally, it looks at DSP competencies. These are included in this document and are used in assessing DSPs for the NADD DSP credential. (For more on NADD's other related work go to the NADD website, www.thenadd.org.)

The quality of professional mental health assessment and treatment is critical. However, on a practical level, if DSPs cannot communicate or follow through with recommendations, progress and recovery are unlikely. The qualified DSP is the cornerstone to success. They support people in learning new skills, managing symptoms, and share critical information with mental health professionals. The abilities of DSPs can strongly shape the overall quality of life for persons who need these services. The NADD Dual Diagnosis DSP Competencies identify the skills a DSP needs when providing care to an individual with a dual diagnosis.

The NADD Dual Diagnosis Competencies are master level competencies. They are designed for DSPs who have experience in supporting people with developmental disabilities, mental illness or both. These DSPs are ready to validate their current skill and knowledge through applying for the credential. For less experienced DSPs the competencies can guide them in expanding their knowledge, enhancing their skills, and improve practice in critical areas. It is assumed that the DSP has basic, entry-level job skills and knowledge. It is assumed that emerging standards and values in community-based support such as person-centered support are familiar to the DSP. As part of the credential it is an expectation is that the DSP is familiar with and ascribes to the values in the Code of Ethics published by the National Alliance for Direct Support Professionals <nadsp.org>.

The working committee of professionals who developed the NADD DSP Dual Diagnosis Competencies identified five critical areas where DSPs need additional skills and knowledge in order to be competent to care for individuals with IDD/MI. These five areas are important in all DSP work. However, they take on additional significance when supporting a person with IDD/MI. There is additional knowledge and skill needed to effectively support a person with both IDD and MI. The five areas of competence include:

- Competency Standard 1: Assessment and Observation
- Competency Standard 2: Behavior Support
- Competency Standard 3: Crisis Prevention and Intervention
- Competency Standard 4: Health and Wellness
- Competency Standard 5: Community Collaboration and Teamwork

A primary purpose of identifying the competency sets was to have a foundation for the NADD DSP credential in dual diagnosis. DSPs who are preparing to take the test for the credential should feel comfortable with the full set of competencies. All questions on the test will flow from these competency areas. As previously mentioned, the DSP may choose not to seek the credential. However, they may still wish to obtain these skills and improve practice in these areas. In addition, there are other equally valuable uses of these competency sets.

The following are some ways in which different people and organizations may consider using these competency sets.

- Employers may use these to ascertain if DSPs are prepared to support people with these needs. They may use them as the basis of job descriptions, performance reviews, and training programs for direct support professionals.
- Families/people supported/advocacy organizations/service coordinators/policy makers may use these as a basis for identifying if DSPs are qualified. They may use them to ascertain if a support organization is well-suited to the needs of people with IDD/MI. They may use them as a basis for defining quality in the direct support role.
- Educational programs and colleges may use these competencies as a basis for developing credit-bearing courses in the area of support to people with IDD/MI.

To learn more about these competencies, their development or the NADD credentialing programs you may contact NADD at:

Jeffrey Schmunk, Operations Manager, NADD, 12 Hurley Avenue,
Kingston, NY 12401. Email: DSPCerts@thenadd.org. Phone: (845) 331-
4336 ext. 103. Fax: (845) 331-4569. www.thenadd.org

COMPETENCY STANDARD 1: ASSESSMENT AND OBSERVATION

The qualified direct support professional (DSP) is competent in the area of “assessment and observation” as it relates to individuals with Intellectual or Developmental Disabilities and Mental Illness (IDD/MI).

OVERVIEW

Accurate assessment supports good health. It helps identify the function of behavior. It ensures important aspects of care are not overlooked. Comprehensive assessment is a look at all areas of a person’s life. It is a careful review of the person’s physical and emotional state. It looks at environments and expectations. It identifies strengths and assets as well as needs. It is part of services that recognize that quality is achieved through support of the whole person and not just a focus on deficits. Targeted assessment may look very closely at one area and can be effective in delving deeper into one area. (For example, a functional assessment of a challenging behavior.)

For individuals with IDD/MI, comprehensive assessment or targeted assessments may be extremely important. These individuals may have serious barriers to communication. Information gathered from others will often hold the key to proper support. Assessment helps to identifying physical or mental health problems. It helps identify environmental triggers to behaviors or moods. It supports the effective use of medications. Areas where the person needs additional skills may be identified. Organized information may make all the difference.

The DSP is in a unique position to provide valuable assessment information. The DSP has the opportunity for observation in a variety of settings. These may be unavailable to other professionals. DSPs see people engage in all aspects of their daily lives. They are there on good days and difficult days. They often understand the person’s communication better than other professionals do. They may what is typical for the person and what is unusual. The qualified DSP recognizes a quality assessment process is important. They see it as a cornerstone to successful planning, implementation, and evaluation of services.

The qualified DSP is knowledgeable of both formal and informal methods of assessments. The DSP daily assesses individuals in many areas. These include health, safety, and functional life skills. They include behavior, emotional state, response to medication, and signs of crisis.

They include personal desires, goals, and communication. The qualified DSP shares assessments appropriately with other members of the treatment and support team.

AREAS OF KNOWLEDGE AND SKILL

The following areas of knowledge and skill have been identified as benchmarks for satisfying Competency Standard 1 – Assessment and Observation.

- Benchmark 1A: Knowledge of Assessment and Observation Process
- Benchmark 1B: Use of Assessment and Observation Tools
- Benchmark 1C: Behavioral Assessment
- Benchmark 1D: Documentation and Communication Related to Assessment and Observation

For each benchmark, DSP performance indicators have been developed. These are observable measures of the DSP's mastery of that benchmark.

BENCHMARK 1A: Knowledge of Assessment and Observation Process

The qualified DSP is knowledgeable regarding specific methods of assessment. The DSP is aware of potential cultural bias in formal assessment and works with others to ensure accuracy. The DSP uses results of assessments in planning, implementing, and evaluating services and outcomes. The qualified DSP demonstrates knowledge of the specific assessments and observations of individuals served, including assessments from other professionals.

Benchmark 1A Performance Indicators

In the area of "knowledge of assessment and observation" the qualified DSP:

1. Explains the importance and function of assessment in planning and providing quality services.
2. Identifies and describes common assessment methods and observational techniques.
3. Explains how mental health challenges may affect assessment of a person with an intellectual disability.

4. Identifies and describes common classifications of intellectual disabilities and the potential impact on assessment.
5. Describes the assessment methods of current health, emotional, social, and behavioral state of persons served that are specific to their employer.
6. Describes when, how, and with whom to share assessment information with others.
7. Assures confidentiality of assessment and observation information and is aware of agency's confidentiality policies about sharing information.
8. Provides examples of potential cultural bias in assessment and describes how to compensate for these.

BENCHMARK 1B: Use of Assessment and Observation Tools

The qualified DSP demonstrates proficiency in the use of assessments and observation methods to support needs of individuals served.

Benchmark 1B Performance Indicators

In the area of "assessment and observation tools," the qualified DSP:

1. Explains the assessment process to individuals in ways that are paced to and respectful of their unique needs.
2. Coordinates efforts with peers and others to ensure complete and accurate assessment.
3. Uses individual goals, desires, preferences, expectations, and interests for each person in daily interactions and support.
4. Recognizes and responds to signs of potential crisis.
5. Recognizes and responds to signs of changes in health or behavioral status.
6. Shares critical information regarding informal daily assessments in effective and timely ways.
7. Completes formal assessment tasks accurately and as requested.

BENCHMARK 1C: Behavioral Assessment

The qualified DSP recognizes behavior as a form of communication. The DSP demonstrates proficiency in observing and recording behavior. The DSP is able to summarize and analyze behavioral assessment

information. The qualified DSP collaborates in the planning and implementation of interventions and services aimed at increasing desirable behavioral skills.

Benchmark 1C Performance Indicators

In the area of “behavioral assessment” the qualified DSP:

1. Describes and discusses various methods of observing and recording individual behavior.
2. Regularly observes, records, summarizes and uses the results of functional behavioral assessments.
3. Analyzes behavioral observations and behavioral data.
4. Identifies the likely function of behavior based on assessment and recommends alternative behavioral skills to reduce/replace challenging behavior.
5. Describes behavior in observable and measureable terms using objective language.
6. Accurately defines and uses descriptions of frequency, intensity and duration in recording behaviors.

BENCHMARK 1D: Documentation and Communication Related to Assessment and Observation

The qualified DSP demonstrates effective skills in documentation and communication of assessment information and observations to others. The DSP maintains ethical and legal standards of confidentiality.

Benchmark 1D Performance Indicators

In the area of “documentation and communication” the DSP:

1. Documents observations accurately and objectively in clear, measurable terms.
2. Describes and documents symptoms, signs, and related behaviors of both intellectual disabilities and mental health disorders accurately.
3. Observes and records behavior related to medication management clearly and consistently.
4. Reports and documents risks to individual health and safety promptly.

5. Communicates and documents information in a professional and culturally-sensitive manner.
6. Records and reports observations/assessment information as an active member of the treatment team in a clear and organized manner.
7. Discriminates between essential and non-essential information and reports only and all essential information when documenting or communicating.
8. Adjusts communication styles to meet the needs of individuals, family members, and professionals.

COMPETENCY STANDARD 2: BEHAVIOR SUPPORT

The qualified direct support professional (DSP) is competent in the area of “behavior support” as it relates to individuals with Intellectual or Developmental Disabilities and Mental Illness (IDD/MI).

OVERVIEW

Many people with IDD/MI engage in behavior that is disruptive, dangerous, or difficult. The qualified DSP recognizes that challenging behaviors serve a function for people. (A way to get their needs met.) The DSP recognizes behavior choices are complex. They may arise from a variety of conditions or a combination of conditions. For example, people may be under stress caused by a mental health disorder-such as hallucinations or trauma exposure. They may have sensory or processing issues. They may be experiencing physical discomfort as part of an illness or a side effect of medication.

Cognitive or developmental challenges may also make it difficult for people to behave appropriately. People may struggle to communicate effectively. They may not be able to learn appropriate behavior from typical experiences. They may not understand why they must tolerate things they find unpleasant or confusing. They may not be able to make sense of situations quickly or easily. These issues may cause frustration and anxiety. They may decrease people’s capacity to respond appropriately to demands and expectations.

The qualified DSP recognizes that the goal of behavior support is not to control the person. The ability to behave appropriately increases opportunities in life. The DSP uses behavior support to increase the person’s quality of life. The DSP supports independence, choice, and control. The DSP has strategies and capacity to assist with three primary goals of behavior support: 1) identify the function of the behavior; 2) assist people in learning to express and meet his/her needs productively; and 3) support the positive capacity to tolerate frustration and self-manage behavior. Of all professionals, DSPs often spend the most time with people supported. They recognize that they are in a unique position to support these goals.

The qualified DSP is knowledgeable of and skilled in using evidence-based strategies in behavior support. He/she uses and records data and information appropriately. The DSP works in close collaboration with the individual and their team. He/she includes each person’s goals, culture, treatment plan, and personal preferences in behavioral support.

AREAS OF KNOWLEDGE AND SKILL

The following areas of knowledge and skill have been identified as benchmarks for satisfying Competency Standard 2: Behavior Support.

Benchmark 2A: Knowledge and Assessment of the Causes and Functions of Challenging Behavior

Benchmark 2B: Maintaining a Supportive Physical and Social Environment

Benchmark 2C: Responding to Challenging Behavior

Benchmark 2D: Teaching New Behaviors and Skills

For each benchmark, “performance indicators” have been developed to measure the DSP’s mastery of that benchmark.

BENCHMARK 2A: Knowledge and Assessment of the Causes and Functions of Challenging Behavior

The qualified DSP is knowledgeable of factors that influence behavior for people supported and in general. He/she is skilled at recognizing functions of behavior and triggers or antecedents for each individual. When challenging behavior is persistent or serious, the DSP is able to coordinate support with others. He/she supports the formal assessment of the function of the behavior. The DSP tracks, summarizes, and shares information about behavior. He/she uses this information as the basis of understanding the success or failure of strategies of behavior support.

Benchmark 2A Performance Indicators

In the area of “cause and function of challenging behavior,” the qualified DSP:

1. Uses observation and communication with individuals to identify purpose or function of challenging behavior.
2. Recognizes when formal functional assessment would be helpful and advocates for one as necessary with team.
3. Participates in formal functional behavior assessment as requested.
4. Collects ongoing data consistently and accurately regarding behavior as requested.
5. Gives examples of how common mental health disorders and IDD may trigger or contribute to challenging behavior.

6. Gives examples of how physical and medical conditions (acute and chronic), including seizure disorders, brain injury and medication side effects can trigger or contribute to challenging behavior.
7. Gives examples of how the characteristics of autism spectrum disorders and/or sensory processing disorders can trigger or contribute to challenging behavior.
8. Gives examples of how barriers to communication, cognitive flexibility, planning, and impulse control can influence behavior.
9. Gives examples of how behavior is defined by culture and can influence the perception of appropriateness (e.g., eye contact, voice tone, personal space, etc.).
10. Uses observation and analysis of behavior to differentiate the signs and symptoms of common syndromes and disorders from symptoms of mental health conditions.
11. Gives examples of how support of or lack of choice and control may influence behavior.
12. Identifies the specific syndromes or disorders that influence behavior control for the individuals he or she supports.
13. Identifies cultural patterns and influences that may influence the perception of appropriateness of behavior for the individuals he or she supports.
14. Uses results of functional assessments to identify supports that are likely to be successful in development of new behaviors.
15. Recognizes that abrupt or serious changes in emotions and behavior are potential signs of mental or physical health problems and informs appropriate people in a timely way.

BENCHMARK 2B: Maintaining a Supportive Physical and Social Environment

The qualified DSP is aware of patterns and triggers to challenging behavior and plans accordingly. He/she is skilled at adapting demands and supporting new skill development. The DSP recognizes and build on a person's strengths and interests. He/she encourages maximum choice and control in each environment. The DSP is validating and reinforcing of the person's use of positive behavior choices.

Benchmark 2B Performance Indicators

In the area of “supportive physical and social environment,” the qualified DSP:

1. Provides a positive physical and social environment consistent with the preferences and expectations of individuals supported.
2. Uses effective methods to ensure that expectations are clear to individuals and presented in ways that make sense to them.
3. Maximizes each person’s choices and ability to control his or her environment at all times.
4. Keeps people informed about changes in plans, expectations, or other issues that affect them. Supports them to participate to the maximum extent possible in decisions regarding these situations.
5. Uses effective and respectful communication strategies. Is patient and appropriate when communicating with individuals.
6. Recognizes early signs of frustration or confusing and helps individual’s identify and self-manage frustration levels and communicate needs effectively.
7. Recognizes unique environmental triggers for challenging behavior for each individual and plans accordingly to avoid triggers or support the person in an appropriate response to triggers.
8. Is validating of individual’s feelings and experiences and supports people in recognizing and labeling feelings.
9. Is encouraging of positive behavior and recognizes, rewards, and celebrates the use of new skills and appropriate responses on a daily basis with individuals.
10. Modifies his/her interaction style and expectations in response to each individual’s mood and behavior in the moment.

BENCHMARK 2C: Responds to Challenging Behavior

The qualified DSP can successfully interrupt or prevent use of challenging behavior. He/she responds to challenging behavior in a skillful, respectful, and professional manner. The qualified DSP uses information from the whole team to develop and assess strategies.

Benchmark 2C Performance Indicators

In the area of “responding to challenging behavior,” the qualified DSP:

1. Deescalates challenging behavior by acting quickly to modify conditions (environmental, social, or others conditions) that may contribute to the behavior.
2. Recognizes the communicative intent of behavior and suggests or demonstrates alternative behavior that will help the individual meet needs in an appropriate ways.
3. Stays calm, focused, and supportive of the individual and his or her needs when engaging around challenging behavior.
4. Responds to challenging behavior in such a way that minimized reinforcement of the unwanted behavior and reinforces the use of desirable behavior related to the individual’s motivation, as identified by formal or informal functional behavior assessment.
5. Follows treatment and behavior support plans as written and gives appropriate and timely feedback to plan writers regarding barriers and effectiveness.
6. Documents any incidents of challenging behavior in accordance with existing plans and policies. Follows documentation protocol for special incident reporting and contacts appropriate team member(s) or supervisor(s).
7. Is familiar with and engages crisis intervention and response plans when behavior is dangerous or has extreme consequences for the individual or others.
8. Ensures the safety of the individual and others when crisis behavior occurs.
9. Advocates for an effective crisis plan to be in place when a person has dangerous or serious behaviors.
10. Avoids physical management of people in behavioral crisis. Uses personal control techniques only when properly trained, when risk to safety is immediate and unavoidable and in accordance with employer policy and guidelines and all applicable laws and regulations.
11. Explains legal, ethical, and practical reasons why aversive procedures should not be used and reports any unauthorized or aversive procedures to appropriate persons.

12. Avoids the use of aversive techniques. Uses these only with explicit permission in a treatment plan that has been developed by a treatment team, been given informed consent, reviewed by all required committees and found compliant with all existing policies, regulations, and laws, and when there is clear evidence that there is no other effective response or prevention options that affect the behavior.

BENCHMARK 2D: Teaching New Behaviors and Skills

The qualified DSP demonstrates skill in teaching and support methods related to behavior support. The DSP understands that the individual with intellectual disabilities may have cognitive challenges that affect learning. However, he/she does not make assumptions on individual learning potential. The DSP recognizes that behavior is complex. He/she teaches skills related to behavior management. However, he/she also recognizes that quality of life affects behavior. He /she take the time to teach life skills that promote independence, integration, and opportunity.

Benchmark 2D Performance Indicators

In the area of “teaching new behaviors and skills,” the qualified DSP:

1. Uses basic principles of effective communication and teaching including clearly communicating expectations, checking for understanding, and adjusting styles to meet unique needs.
2. Identify incremental steps to behavior change and teaches and supports the next positive step for the person in behavior management.
3. Encourages people to define their own reasons and strategies for self-management of behavior rather than relying only on external consequences and guidance to maintain control.
4. Supports people in developing ability to identifying and use the likely natural consequences that follow behavior as a method of making behavioral decisions.
5. Uses formal or informal functional behavior assessment and person-centered planning to guide choices and methods skill development and reinforcement.
6. Takes steps to protect people appropriately from severe consequences of behavior, even if these are “natural consequences.”

7. Identifies and uses appropriate replacement behaviors for challenging behaviors.
8. Models appropriate behavior and interactions.
9. Uses reinforcement frequently, appropriately and positively.
10. Assists individuals in identifying new skills as an alternative to meet behavior function.
11. Uses techniques identified in a behavior support plan to develop new skills.
12. Tailors instruction and intervention strategies to address individual differences, preferences, goals, learning styles, and culture.
13. Uses the least restrictive effective approach to change behavior.

COMPETENCY STANDARD 3: CRISIS PREVENTION AND INTERVENTION

The qualified direct support professional (DSP) is competent in the area of “crisis prevention and intervention” as it relates to individuals with Intellectual or Developmental Disabilities and Mental Illness (IDD/MI).

OVERVIEW

Many people with IDD/MI have trouble with challenging behavior. However, for a subset of people their mental health status or other needs may create a situation in which crisis behaviors are seen. A behavioral crisis is a situation where the person’s behavior puts him/her or others at risk of immediate and serious physical harm or death. They may also include serious damage of property or criminal behaviors. They may include other behavior that has serious long-term negative consequences-such as misuse of drugs or alcohol. These situations are extremely stressful, especially the first time they occur.

The qualified DSP recognizes that most crises can be prevented or interrupted before harm occurs. They have skills in identifying potential for crisis. They use techniques that deescalate and reduce crisis. They know when a person needs additional assistance and how to obtain it. They recognize that “crisis” by definition should not be a regular event. They work cooperatively with the full team to ensure effective treatment and support that prevents or reduces further occurrences. They recognize that a majority of people with IDD or MI alone or combined have past trauma experiences. They recognize this past trauma is often reengaged in a crisis. They take a universal precaution approach to trauma in crisis intervention.

Crisis prevention includes methods that are intended to keep people from experiencing future crisis. They include teaching strategies. For crisis, these often focused on early identification of situations that stimulate crisis or indications of mental health destabilization. Crisis intervention refers to strategies and responses used once signs of crisis are already present. They can reduce the impact of the crisis immediately. They can also decrease long-term problems. The qualified DSP engages the person receiving support to the maximum extent possible in these strategies. He or she knows how to appropriately engage specialized and community resources as needed manage the crisis and aftermath.

The qualified DSP recognizes that a person in crisis is vulnerable. He/she stays focused on the safety and well-being of the person. He/she is able to stay calm and make effective choices in the best interest of the person during crisis. The DSP is also able to make good choices regarding the safety of others. This includes protecting him or herself in a crisis. The qualified DSP recognizes that experiencing crisis can be trauma producing for him or herself as well. He/she

engaged is in good stress management, counseling and efforts to prevent burnout on an ongoing basis.

AREAS OF KNOWLEDGE AND SKILL

The following areas of knowledge and skill have been identified as benchmarks for satisfying
Competency Standard 3 – Crisis Prevention and Intervention.

Benchmark 3A: Knowledge and Use of Crisis Prevention Strategies

Benchmark 3B: Knowledge and Use of Crisis Intervention Strategies

Benchmark 3C: Documentation and Communication Related to Crisis

Situations

Benchmark 3D: Managing Stress and Burnout

For each benchmark, “performance indicators” have been developed to measure the DSP’s mastery of that benchmark.

Benchmark 3A: Knowledge and Use of Crisis Prevention Strategies

The qualified DSP recognizes great toll that crisis takes on individuals supported. He/she works to help each person reduce the risk of repeated crisis. The DSP implements daily strategies that reduce the likelihood of crisis. This includes supporting a health and safe environment. This includes helping the person learn new skills and abilities that prevent crisis. It includes being aware of early signs of building crisis or triggers for each person and taking early steps to avert crisis.

Benchmark 3A Performance Indicators

In the area of “crisis prevention” the qualified DSP:

1. Obtains and reviews information about specific risk of crisis and methods of preventing and responding to crisis on the part of each person he or she supports prior to providing support. Asks questions as needed to ensure understanding.
2. Recognizes signs of increased agitation, risks of suicide, or indications of potential criminal or crisis behavior on the part of a person supported and takes steps to deescalate the situation effectively.
3. Engages with the person and full team in obtaining further assessment and planning if a crisis has occurred in order to identify the best prevention and response strategies.

4. Reviews each crisis (formally or informally) after the fact to consider their own behavior and environmental triggers, in order to improve future capacity to manage and prevent crisis.
5. Assists individuals in identifying and responding to potential catalysts to crisis, helping them identify signs and trends in their behaviors and strategies that stop or reduce crisis. Help them identify what others can do to support them in prevention and response.
6. Supports people in lifestyle choices that reduce vulnerabilities (exercise, sleep, food, therapy, support group, family time, relaxation, etc.).
7. Supports the person in identifying and learning alternative coping skills and for how to avoid or reduce triggers to crisis.
8. Maintains a positive environment that minimizes or eliminates triggers to crisis and prevents dangerous options per ethical and legal guidelines. (i.e., remove or lock up pills, knives, alcohol, etc.)
9. Uses treatment and crisis plans to guide responses when individuals experience loss, crisis, and challenging behavior.
10. Adjust daily support and expectations in order to prevent crisis when there are signs of increased needs of individuals at risk for crisis.
11. Assists and support coworkers and others in understanding crisis, behavior management, coping skills, and treatment planning.
12. Accepts and implements suggestions for improved ability to prevent and respond to crisis.
13. Seeks additional information and skills related to causes of crisis and crisis prevention on a regular basis and as needed.

Benchmark 3B: Knowledge and Use of Crisis Intervention Strategies

The qualified DSP uses safe and effective crisis intervention strategies when necessary. He/she is aware of the specific needs and triggers of individuals supported and works with each person individually. He/she also is able to handle unexpected crises by using established response techniques. In a crisis, the qualified DSP is able to stay calm and work well with the person and others. He/she is able to work effectively with emergency response personnel. He/she is able to consider immediate as well as long-term outcomes for the person in choosing responses. The DSP is organized with necessary information and

supports the comfortable transition of the person supported to crisis services. The DSP correctly identifies who to inform and when post-crisis.

Benchmark 3B Performance Indicators

In the area of “crisis *interventions*” the qualified DSP:

1. Recognizes when a situation has become unsafe or the person needs more assistance and takes steps to respond in a way that protects people.
2. Activates procedures identified in the crisis plan as described.
3. Describes how crisis may engage past trauma experiences and the person’s ability to process and respond to information and describes methods that may be effective in this situation.
4. Uses methods likely to reduce trauma and agitation including a calm gentle voice, a relaxed but attentive demeanor at a safe distance, allowing for maximum freedom of movement of the individual, validation of individual’s concerns or needs, and offers of help. Paces interventions so that the person has time to process.
5. Avoids methods that may increase trauma or agitation such as crowding the person, threatening the person with aversive consequences, yelling, panicking, demanding, dismissing the person’s concerns, touching or unnecessarily blocking the person from movement.
6. Uses non-physical interventions to control and/or protect individuals and others in a crisis situation whenever possible.
7. Identifies and utilizes appropriate contact information in crisis situations (i.e. community mental health services, 911 and hotline resources, etc.).
8. Provides crisis prevention/intervention education to first responders and emergency personnel regarding the individual’s dual diagnosis.
9. Is prepared for contact with emergency personnel including complete medical and personal information, complete details of the incident, and preferences for treatment and intervention.
10. Works effectively with police officers and recognizes when and how to advocate for the individual when criminal justice systems are engaged.
11. Recognizes cultural and social factors may influence a person’s trust and ability to comply with police and crisis intervention services and works with

individuals to provide maximum safety of all involved if these interventions are necessary.

12. Identifies the function and importance of debriefing and actively encourages individuals to participate in debriefing sessions following a crisis.
13. Accompanies individuals to emergency room, psychiatric health facilities or other temporary placements as possible for comfort and to assist with determining appropriate course of action plans.
14. Promptly reports crisis to correct members of the support and treatment team.
15. Facilitates follow-up services while individuals are in other temporary placements as requested.

Benchmark 3C: Documentation and Communication of Crisis Situations

The qualified DSP recognizes that effective and complete documentation of crisis events is useful. It will guide future decisions regarding prevention and response in crisis. He/she follows all employer documentation guidelines as well as the state documentation requirements. The qualified DSP is familiar with and skilled at following each individual's treatment plan. He/she communicates with the treatment team as indicated. The qualified DSP understands his/her unique position to observe and document individual behavior. This will support the treatment team in understanding behavioral antecedents and possible positive reinforcements.

Benchmark 3C Performance Indicators

In the area of "documentation and communication of crisis situations" the qualified DSP:

1. Documents and communicates observations regarding the coping skills identified in treatment and behavior support plans in accordance with agency policy and state guidelines.
2. Identifies and documents mental health symptoms to be monitored according to the individual's treatment plan.
3. Recognizes and documents changes in behavior, including responses to specific interventions.

4. Communicates with treatment team when mental health symptoms and challenging behavior arise.
5. Discusses crisis situation with the individual so that he/she is informed as much as possible about what is happening with out of home placements/hospitalizations.
6. Documents and reports events of crisis incidents accurately and in a timely manner, in accordance with agency policy and state guidelines.
7. Communicates with family and the person supported in a clear and supportive way post-crisis to help them understand next steps and to minimize trauma.

Benchmark 3D: Managing Stress and Burnout

The qualified DSP recognizes that supporting people who experience significant or frequent crisis is a challenging job. The DSP recognizes that these experiences affect their own mental health and well-being. The DSP knows that burnout and stress can reduce effectiveness. In order to maintain a positive and effective approach to support, the DSP must be skilled at recognizing and attending to his or her own needs. The DSP has methods of recognizing signs of toxic stress and burnout. The DSP regularly engages in prevention and response strategies relate to these needs.

1. Observes healthy and positive boundaries with people supported, support teams and coworkers.
2. Maintains a healthy lifestyle that allows for energy and focus when providing direct support.
3. Describes risks of being overtired, stressed out, or frustrated when providing direct support and ways in which a DSP can manage these risks.
4. Recognizes signs that he/she is becoming toxically stressed or burned out and engages effective strategies for getting back on track.
5. Seeks professional help or assistance from employer as needed to prevent or manage toxic stress and burnout.

COMPETENCY STANDARD 4: HEALTH AND WELLNESS

The qualified direct support professional (DSP) is competent in the area of “health and wellness” as it relates to individuals with Intellectual or Developmental Disabilities and Mental Illness (IDD/MI).

OVERVIEW

Good health is a state of overall physical, mental and social well-being and not merely the absence of disease or illness. Wellness is an active process that requires daily effort. It includes becoming aware of and making choices toward a healthy lifestyle. Wellness is considered on multiple levels including the following: social, occupational, spiritual, physical, intellectual, and emotional.

People with an IDD/MI diagnosis are at risk for more health and wellness problems than people without. They often take medications that include serious complications to health. Many developmental syndromes and processing disorders have overlapping symptoms with mental illness. The expression of symptoms can be different when IDD and MI co-occur. Many people with IDD/MI have barriers in communication and their ability to plan or organize information. These issues can make it more difficult for the person to take an active role in their health. It can make it more difficult for professionals to sort out symptoms or recognize emerging issues in a timely way. Unfortunately, few professionals are well versed in the needs of people with co-occurring IDD/MI.

In addition to physical health issues, people with IDD/MI are at risk for greater social isolation. They may lead lives that lack healthy stimulation and chances for employment. Their opportunities for varied social roles, contribution, and status are typically less than for others. They may have fewer options for spiritual outlets. Unfortunately, others expectations of them and for them may serve as more significant barriers than the effects of disorders. A person-centered perspective assumes that people with disabilities can lead healthy lives. It assumes they are the best managers of their own lives including aspects of health and wellness. However, they need help and support from others in order to do so.

The qualified DSP is knowledgeable about health and wellness in general. He/she supports a wellness oriented lifestyle for each person support that fits their unique needs and preferences. The DSP has a basic understanding of major developmental disabilities and mental health disorders. The DSP is knowledgeable about the effects of co-occurring disorders. He/she is familiar with basic medications and therapies used for mental health and other common health disorders. The DSP recognizes that health and wellness is a comprehensive and emerging field. He/she seeks fresh information on an ongoing basis.

The qualified DSP understands that supporting health and wellness for people with IDD/MI requires skill and effort. It requires a level of attention and care toward individuals. It requires an ability to set and support high standards and expectations for people despite social and services biases. It requires good ability to communicate, cooperate, and document. It requires an ability to focus on the person and help identify what is most important to them. It includes supporting regular opportunities for growth and new experiences over the life span for each person supported.

AREAS OF KNOWLEDGE AND SKILL

The following areas of knowledge and skill have been identified as benchmarks for satisfying Competency Standard 4 - Health and Wellness.

- Benchmark 4A: Knowledge of Health and Wellness
- Benchmark 4B: Knowledge Intellectual and Developmental Disabilities, Mental Health Disorders and Co-Occurring Disorders
- Benchmark 4C: Use and Implications of Medication (psychotropic and others)
- Benchmark 4D: Illness Management and Recovery
- Benchmark 4E: Documentation and Communication Related to Health and Wellness

For each benchmark, “performance indicators” have been developed to measure the DSP’s mastery of that benchmark.

Benchmark 4A: Knowledge of Health and Wellness

The qualified DSP has skills in basic health support. He/she uses proper infection control procedures. The DSP recognizes and responds to signs and symptoms of illness. He/she helps people obtain preventative and responsive medical services as needed. The qualified DSP recognizes health and wellness as holistic. He/she supports activities, choices and lifestyles that lead happiness and satisfaction on the part of the person. The DSP supports overall quality of life despite barriers. The DSP helps people develop and maintain positive relationships, valued social roles, and new opportunities.

Benchmark 4A Performance Indicators

In the area of “health and wellness” the qualified DSP:

1. Uses effective infection control procedures when performing intimate care, cleaning, or when helping with food preparation or storage.

2. Recognizes signs and symptoms of infection or injury and responds appropriately.
3. Recognizes signs of seizure disorders and engages effective responses in the event of a seizure.
4. Recognizes signs of health crisis and obtains correct help in a timely way.
5. Identifies individual's risks and strengths in the area of health and wellness and recovery.
6. Provides culturally appropriate support, consistent with the individual's choices, perspectives, and expectations.
7. Identifies how stress, spirituality, grief and loss, trauma, social roles, and relationships influence the individuals and considers these components in planning and intervention strategies.
8. Incorporates the expectations of each individual's identified support network in life planning.
9. Supports positive lifestyle options for good health, illness management and recovery (i.e. sufficient sleep, proper nutrition, regular physical activity, and stress management, etc.).
10. Encourages and assists individuals to be engaged in their own health maintenance in ways adapted to their abilities and understanding.
11. Provides health and wellness information and education to individuals as needed and adapted to needs and preferences.
12. Facilitates problem-solving and planning skills around life planning appropriate to the individual's abilities.
13. Assists individuals with scheduling medical and health-related appointments.
14. Attends health related appointments as needed and requested.
15. Prepares for health related appointments with objective information regarding behavior, responses, and related treatment issues.
16. Expresses concerns regarding health trends and provides updates regarding treatment plans and outcomes to the appropriate treatment team.

17. Obtains critical information from professionals by asking questions, being receptive to professional advice, and incorporating recommendations into treatment plans as needed.
18. Serves as a liaison between the individuals and health professionals to support individuals in having an active in their health and recovery activities.

Benchmark 4B: Knowledge Intellectual and Developmental Disabilities, Mental Health Disorders and Co-Occurring Disorders

The qualified DSP demonstrates an understanding of the implications of common disorders. (I.e., intellectual, developmental, and mental health disorders.) He/she recognizes these disorders will have implications in many areas. These include behavior, health, physical capacity, communication, judgment, impulse control, and moods. It will also affect the person's ability to self-manage. The DSP demonstrates knowledge about the specific impairments and needs among the individuals he or she supports. The DSP is knowledgeable regarding best practice in co-occurring disorders. He/she has an understanding of treatments, interventions and support for people supported as well as general knowledge.

Benchmark 4B Performance Indicators

In the area of "intellectual and developmental disabilities, mental health and co-occurring disorders", the qualified DSP:

1. Recognizes signs and symptoms of major mental health disorders (MI) including major depression, bipolar disorder, schizophrenia, anxiety disorders, and borderline personality disorder.
2. Identifies the effects of common intellectual and developmental disabilities (IDD) including: down syndrome, autism spectrum disorders, fragile X syndrome, spina bifida, cerebral palsy, traumatic brain injury, fetal alcohol spectrum disorders and unspecified or general intellectual disabilities.
3. Gives examples and describes ways in which a co-occurring IDD with MI and implications for services and supports.
4. Identifies for each individual he or she supports the effects of IDD/MI on their behavior, health, physical capacity, communication, judgment, impulse control, moods, and self-management.
5. Acknowledges and explores the role of trauma in the development or manifestation of mental health challenges.

6. Identifies a range of evidence-based treatment and support options for IDD or MI.
7. Implements best practice in support of people with IDD/MI.
8. Networks to locate practitioners who are knowledgeable and competent in the area of dual diagnosis and matches them with the individuals.
9. Recognizes a sudden appearance or increase in frequency, intensity, or duration of challenging behavior is often a sign of underlying physical or mental health problems and takes adequate steps to obtain assessment and care.

Benchmark 4C: Use and Implications of Medication (psychotropic and others)

The qualified DSP demonstrates knowledge about the effects of medications. He/she recognizes the risks and benefits of medication use in general and specific to medications used by people supported. The qualified DSP takes an active role in ensuring medications are used as prescribed. He/she maintains important information and documentation regarding medications. The qualified DSP recognizes that the use of medications is one treatment option. It is not a substitute for a holistic treatment plan. The qualified DSP administers medications in accordance with agency policy and state guidelines.

Benchmark 4C Performance Indicators

In the area of “medications” the qualified DSP:

1. Identifies the basic purpose and use of psychotropic medications.
2. Identifies critical issues concerning the use psychotropic medication (i.e. risks, benefits, appropriate use, side effects, adverse reactions, off-label use, polypharmacy, need for monitoring, etc.).
3. Can list and describe common health and metabolic disorders that may be caused by medications including diabetes, high or low blood pressure, obesity, movement disorders, heart conditions and risk of infection.
4. Is familiar with names of common psychiatric and seizure control medications, proper use and implications of misuse, signs of adverse reactions and side effects of these medications.

5. Knows the names, doses, and proper use and need for monitoring for each medications that is used by individuals supported (when part of duties).
6. Assists individuals in providing complete and accurate information to medical professionals regarding their medications as well as other potential substances that contribute to risk of medication interactions.
7. Uses positive behavior support and holistic recovery options as part of a whole treatment and life plan for individuals using psychotropic medication.
8. Educates people supported regarding their medications and issues related to the effects, side-effects, and adverse reactions of medications.
9. Monitors side effects and adverse reactions to medications and communicates concerns to the treatment team.
10. Supports individuals to advocate for an optimal balance with medications to maximize effects, reduce side effects and keep people from taking unhelpful medications.
11. Assists individuals to comply with the recommended lifestyle and medical requirements related to their use of psychotropic medication (i.e. regular blood draws, avoidance of certain foods, avoidance of suddenly discontinuing medications, avoidance of alcohol, effects of smoking and nicotine, etc.);
12. Assists individuals with learning medication management (i.e. name and dose, effects and side effects, and risks of misuse, etc.) and teaches according to their personal learning style, capacity, and needs.
13. Supports effective problem-solving and decision-making when a individual refuses to take prescribed medications.

Benchmark 4D: Illness Management and Recovery

The qualified DSP supports holistic illness management and recovery efforts. The qualified DSP is knowledgeable about the health risks related having a dual diagnosis of IDD/MI (i.e. increased risk for substance abuse, smoking, self-injurious or challenging behavior, poor diet, lack of motivation, social isolations, fewer options). The qualified DSP works with the individual to create a life plan that allows for a full life, despite disabilities and disorders. He/she models, encourages, and teaches healthy lifestyle practices. The DSP helps individuals participate in active self-care regarding nutrition, sleep, exercise, activities, and relationships.

Benchmark 4D Performance Indicators

In the area of “illness management and recovery” the qualified DSP:

1. Assists individuals to develop a person-centered recovery and illness management plan (e.g., WRAP).
2. Teach healthy coping skills such as boundary-setting, self-advocacy, stress management, emotional regulation, and frustration tolerance.
3. Assist individuals to take an active role in their treatment and recovery and identify barriers to motivation.
4. Supports the person in activities and relationships they find enriching, relaxing, and pleasurable on a regular basis.
5. Respects boundaries set by person and works to overcome obstacles or differences collaboratively.

Benchmark 4E: Documentation and Communication Related to Health and Wellness

The qualified DSP recognizes that for people with IDD/MI behavioral symptoms are often a key component to the diagnosis and treatment of health disorders. The DSP takes time to maintain accurate and complete documentation in accordance with agency/ organizational guidelines. He/she organizes and communicates this information in useful ways. The DSP teaches skills to assist individuals in monitoring their symptoms and maintaining personal records.

Benchmark 4E Performance Indicators

In the area of “documentation and communication” the qualified DSP:

1. Recognizes critical information to document and share with others.
2. Communicates information regarding health and behavior effectively and in a timely way to appropriate team members.
3. Follows the documentation requirements and guidelines of their state and agency/organization and records important information as it relates to individuals.
4. Maintains complete, objective and accurate documentation regarding current needs of each individual.

5. Monitors and records behavior patterns that are used to indicate signs of physical or mental health status.
6. Supports individuals in self-identifying and self-monitoring critical information.
7. Helps maintain a medical history that includes medications and treatments that have been ineffective or aversive.
8. Works with individual and families to develop medical and mental health advanced directives.

COMPETENCY STANDARD 5: COMMUNITY COLLABORATION AND TEAMWORK

The qualified direct support professional (DSP) is competent in the area of “community collaboration and teamwork” as it relates to individuals with Intellectual or Developmental Disabilities and Mental Illness (IDD/MI).

OVERVIEW

A significant barrier to effective services for all people with IDD/MI is the segregation and separation of services. People with dual diagnosis often must seek benefits and interact with systems from distinct silos based on a single focus (i.e., DD or MI, aging, TBI, criminal justice, etc.). As a result, there is often an absence of cohesive planning and response to the person’s actual needs. Professionals versed in mental health may have little understanding of the impact or needs of a person with intellectual disabilities. Professionals effective in supporting people with developmental disabilities may be stretched to meet the needs of a person with co-occurring disorders. In addition, there may be cultural, linguistic, and other social barriers to access and use of services.

The qualified DSP recognizes the need to advocate and collaborate across service silos and in the community in order to effectively support people with IDD/MI. The DSP recognizes their critical role in helping the person navigate these system issues. They recognize that the best approach starts from what the person wants and expects regarding life goals (person-centered). They are able to identify appropriate resources in the community. They are able to support the person in gathering and understanding information. They are able to help the person advocate as needed.

Collaboration is the vehicle for sharing responsibility and facilitating best practice. It supports the use of the combined knowledge, creativity, and experience of others. The goal of community collaboration and teamwork is building a more effective system for service recipients and greater awareness of the needs of individuals. Community collaboration is centered on improving access and availability of health and human services. The focus is improving the quality of life for service recipients and addressing barriers to services.

To meet these needs, the qualified DSP has good communication skills and the ability to work with others. The DSP must recognize cultural and system barriers and have skill at supporting self-advocacy. The DSP is committed to full participation of the person in the process. He/she encourages the person to use informal social networks (family, etc.) to help sort through information and support decision-making. They show leadership in the community to help support ongoing recognition of community needs in the area of IDD/MI.

AREAS OF KNOWLEDGE AND SKILL

The following areas of knowledge and skill have been identified as benchmarks for satisfying Competency Standard 5 - Community Collaboration and Teamwork.

Benchmark 5A Knowledge of Service Systems
Benchmark 5B Communication across Systems
Benchmark 5C Building Positive and Cooperative Relationships
Benchmark 5D Promoting Person-Centered Support, Informed Consent
and Advocacy

For each benchmark, “performance indicators” have been developed to measure the DSP’s mastery of that benchmark.

BENCHMARK 5A: Knowledge of Service Systems

One objective of collaboration across systems is to improve the effectiveness of service delivery to individuals. The DSP supports effectiveness by working to harness the combined benefits of available support to meet the specific needs of individuals. The DSP has a basic awareness of options benefits available to people in their communities. This includes housing, transportation, employment support, case management, and education. It also includes other types of systems such as criminal justice diversion programs or community mental health clinic. The DSP is able to recognize when cultural issues may be barriers and reaches out to necessary communities in order to identify proper support for individuals. The DSP is able to effectively research additional options when needed.

Benchmark 5A Performance Indicators

In the area of “service systems” the qualified DSP:

1. Lists typical state and provincial systems and services available to individuals supported and how they must access them. (Including education, health care, DD/IDD services, mental health services, inpatient referral process, the justice system, foster care, youth services, community disability services, transportation and employment.)
2. Supports people in obtaining information as needed regarding services, benefits or community based resources.
3. Supports individuals in accessing state and provincial services.

4. Supports individuals in understanding conflicts between systems and sorting through information in order to decide how to approach these issues.
5. Describes and gives examples of common cultural barriers to service access and how he/she might overcome a barrier like this.
6. Recognizes when cultural, linguistic or other diversity issues that are not being met by services and takes steps to improve the situation.
7. Advocates for increased capacity for community to meet the needs of all citizens including citizens with IDD/MI.

Benchmark 5B: Communication Across Systems

Effective communication skills are essential for the qualified DSP. Each system has its own language and lens. Being able to recognize, organize, and share critical information is a key component to effectively working with others across systems. The DSP must also be able to listen to others and gain necessary information to help individuals understand what is available to them. Sharing current and accurate information will help in obtaining the most appropriate and effective supports.

5B Performance Indicators

In the area of “communication across systems” the qualified DSP:

1. Communicates individuals’ needs and concerns in simple and effective language.
2. Recognizes the focus of the particular system that is being engaged and adjust message to be most effective to obtaining what is needed by the individual.
3. Maintains good records and information in a simple format and uses this as a basis for sharing information about treatment history and current support needs of individuals.
4. Is sensitive to the policies and procedures of other professionals and works with them effectively on behalf of the individual supported.
5. Can convey complicated information sensitively to others who needs to know about an individual’s needs and supports, particularly during a behavioral or medical crisis.

6. Whenever possible, lets the person supported take a lead role in all communication providing support as necessary for accuracy and completeness.

Benchmark 5C Facilitating Positive and Cooperative Relationships

The qualified DSP recognizes that he or she is often the first point of contact with families and others across multiple systems. He/she is also a central member of the professional team. The DSP considers the effects of his or her behavior and statements in interactions with others. The DSP is effective in his or her role as the liaison between individuals and other professionals providing services. As the main point of contact, the DSP provides accurate and complete information. He/she communicates the needs of individuals and supports a collaborative approach to treatment.

5C Performance Indicators

In the area of “positive and cooperative relationships” the qualified DSP:

1. Shares recommendations between systems (e.g., psychiatrists and other health professionals, employment, residential settings) for maximum coordination of service and benefit to the person supported.
2. Reflects on their own work and communication style to improve effective collaboration within agency or across agency boundaries.
3. Builds positive and cooperative relationships with other health and mental health professionals.
4. Is perceived by others in each system as a collaborative, cooperative and reliable member of the team.
5. Recognizes and addresses barriers to services in a professional and effective manner.
6. Uses effective and welcoming communication and works in partnership with family members and friends of individual.
7. Recognizes members of the person’s informal support network (family, loved ones) as integral partners in support and gathers input from them as appropriate.
8. Effectively problem solves and communicates in a team setting for the benefit of the person supported.

Benchmark 5D Promoting Person-Centered Support, Informed Consent and Advocacy

Person-Centered care places the individual at center of his or her support plan. The qualified DSP recognizes that by their nature services are not person-centered. He/she also recognizes that people with IDD/MI are at high risk for having their rights overlooked or denied. The DSP takes an active role in supporting individuals in participating in decisions about their own treatment. The DSP focuses on flexibility and choice. He/she recognizes that efforts must be made to ensure people with IDD/MI understand and are consenting appropriately. He/she helps individual reach out to their systems of natural support in decision-making. He/she helps individuals develop self-awareness about their treatment needs and preferences. The DSP promotes inclusion and independence in communities of the person's choice. He/she supports self-advocacy and participates in advocacy when needed.

5D Performance Indicators

In the area of "person-centered support" the qualified DSP:

1. Assists individuals in developing skills to be proactive in their own supports/treatment program.
2. Uses alternate methods of recognizing people's preferences and choices in services and treatment when direct communication is not available. (For example, established method of PCP, observations, information from support network and social norms of peer group, etc.)
3. Recognizes and encourages opportunities to promote self-directed supports on a daily basis.
4. Describes the civil, legal, and service recipient rights people have.
5. Vigorously protect people's rights by reviewing their rights with them and helping them advocate when rights are violated.
6. Assists individuals with understanding and evaluating treatment options and preferences so that it can be ensured they are making informed consent to services.
7. Works collaboratively with guardians, families or others upon whom the person relies to help protect their rights and organize services.

8. Helps people obtain needed support when they lack a guardian or others who can help them with expression of rights (paid advocates, legal aid, protection and advocacy systems, guardian ad litem, etc.)
9. Works across systems to build advances towards a more person-centered approach to service delivery.
10. Works to protect an individual's confidentiality to promote privacy and respect while simultaneously ensuring information gets to the correct people as desired by person supported.

Appendix B

Code of Ethics

The National Alliance of Direct Support Professionals has granted NADD permission to use their Professional Code of Ethics.

Preamble

Vision. Direct Support Professionals (DSPs) who support people in their communities are called upon to make independent judgments on a frequent basis that involve both practical and ethical reasoning. The people who assume this complex role must examine their own values and beliefs while honoring those of the people they support.

Purpose. A primary purpose of the DSP is to assist people who need support to lead self-directed lives and to participate fully in our nation's communities. This emphasis on empowerment and participation is critical. The prejudices of society form powerful barriers, yet too often, the very social policies and service systems designed to help can create other barriers that prevent many people with intellectual, developmental or physical disabilities from enjoying a rich and fulfilling life.

Mission. Therefore, it must be the mission of the DSP to follow the individual path suggested by the unique gifts, preferences, and needs of each person they support, and to walk in partnership with the person, and those who are significant to them, toward a life of opportunity, well-being, freedom, and contribution. While other professional groups (such as doctors, nurses, service coordinators, and social workers) are directed by clearly defined criteria, the DSP is directed by the person they support. Therefore, the DSP must exemplify ethical practice, high standards, and creative vision as they partner with those they support in order to access community and make everyday choices about their personal finances, physical well-being, social and intimate relationships, and employment. The entire landscape of a person's life can change through ethical and intentional direct support services.

As a result of these work duties, DSPs face ethical decisions on a daily basis and consistently feel the tension between the ideals of the profession and its practice. There are numerous pressures coming from organizations, government, social policy, and societal prejudice that can shift focus and allegiance away from the people who are being supported. In order to maintain the promise of partnership and respect that must exist in a supportive relationship, a strong ethical foundation is critical to help DSPs navigate through the maze of influences that bombard them.

Values, Skills and Knowledge. The knowledge and skills of community support practice must be joined with the ethical principles to create the environment needed to fully support people in making life choices. To do so effectively, we must all recognize DSPs as professionals who have values, skills, and knowledge that constitute a unique and important profession, and who can infuse these beliefs into practice. Furthermore, there must be a commitment to hiring, developing, and supporting DSPs to create a healthy sense of their own worth and potential. Direct Support Professionals must embrace their role to foster a spirit of cooperation and mutual responsibility with other DSPs regarding ethical practice.

NADSP Code of Ethics. In 2000, these issues led to the efforts on the part of the National Alliance for Direct Support Professionals (NADSP) to bring together a national panel that included direct support professionals, self-advocates, family members, human service professionals and researchers to identify the kinds of ethical situations that direct support professionals face and to develop a set of ethical guidelines to address them. In 2016, the NADSP reconvened a new stakeholder group that represented professional and geographic diversity to review the language of our original document. The revised Code of Ethics has not changed in content, it remains to serve as a straightforward and relevant ethical guide, shedding some light on the shared path to a self-directed life. It is intended to guide direct support professionals in resolving ethical dilemmas they face every day and to encourage them to achieve the highest ideals of the profession.

Direct Support Professionals, agency leaders, policymakers, and people receiving support are urged to read the Code of Ethics and to consider ways that these ethical statements can be incorporated into daily practice. The beliefs and attitudes that are expressed in the Code of Ethics are a cornerstone of the profession. This Code of Ethics is not the handbook of the profession, but rather a road map to assist us in staying the course of securing freedom, justice, and equality for all.

Person-Centered Supports:

As a DSP, my first allegiance is to the person I support; all other activities and functions I perform flow from this allegiance.

Furthermore, as a DSP, I will:

- Commit to person-centered supports as best practice.
- Focus first on the person and understand that my role in direct supports will require flexibility, creativity and commitment.
- Recognize that each person is capable of directing their own life.
- Honor the personality, preferences, culture and gifts of people who cannot speak by seeking other ways of understanding them.

- Recognize that the unique social network, circumstances, personality, preferences, needs and gifts of each person I support must be the primary guides for the selection, structure, and use of supports for that person.
- Advocate with the person I support and others when the demands of the system override the needs of those I support, or when individual preferences, needs or gifts are neglected for other reasons.

Promoting Physical and Emotional Well-Being:

As a DSP, I will commit to promote the emotional, physical, and personal well-being of the people I support. I will encourage growth and recognize the autonomy of those receiving support while being attentive and energetic in reducing the risk of harm.

Furthermore, as a DSP, I will:

- Develop a respectful relationship with the people I support that is based on mutual trust and maintains professional boundaries.
- Understand and respect the values of the people I support and facilitate their expression of choices related to those values.
- Assist the people I support to prevent illness, avoid unnecessary risk, and understand their options and possible consequences that relate to their physical health, safety, and emotional well-being.
- Partner with each person and their support network to identify areas of risk and create safeguards specific to these concerns.
- Challenge other support team members, such as doctors, nurses, therapists, co-workers and family members, to recognize and support the rights of people to make informed decisions even when these decisions involve personal risk.
- Be vigilant in identifying and reporting any situation in which the people I support are at risk of abuse, neglect, exploitation or harm.
- Address challenging behaviors proactively and respectfully. If aversive or deprivation intervention techniques are included in an approved support plan, I will work diligently to find alternatives and will advocate for the eventual elimination of these techniques from the person's plan.

Integrity and Responsibility:

As a DSP, I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professionals, and the community.

Furthermore, as a DSP, I will:

- Be aware of my own values and how they influence my professional decisions.
- Maintain competency in my profession through learning and ongoing collaboration with others.
- Assume responsibility and accountability for my decisions and actions.
- Advance my knowledge and skills through ongoing professional development and life-long learning.
- Actively seek advice and guidance on ethical issues from others as needed to inform ethical decision-making.
- Recognize the importance of modeling valued behaviors to co-workers, people I support, and the community at-large.
- Practice responsible work habits.

Confidentiality:

As a DSP, I will safeguard and respect the confidentiality and privacy of the people I support.

Furthermore, as a DSP, I will:

- Seek information directly from those I support regarding their wishes in how, when and with whom privileged information should be shared.
- Recognize that confidentiality agreements are subject to laws and regulations at the federal and state levels, as well as agency policies.
- Recognize that it may be necessary to disclose confidential information in order to prevent serious or imminent harm to the person I support or others.
- Seek out qualified guidance to help clarify situations where the correct course of action is unclear to me.

Justice, Fairness and Equity:

As a DSP, I will affirm the human rights as well as the civil rights and responsibilities of the people I support. I will promote and practice justice, fairness, and equity for the people I support and the community as a whole.

Furthermore, as a DSP, I will:

- Assist the people I support to access opportunities and resources of the community that are available to everyone.
- Facilitate the expression and understanding of one's rights and responsibilities with the people I support.

- Understand the guardianship or other legal representation of the people I support, and work in partnership with legal representatives to assure that the person's preferences and interests are honored.

Respect:

As a DSP, I will respect the human dignity and uniqueness of the people I support. I will recognize each person who I support as valuable and promote their value to our communities.

Furthermore, as a DSP, I will:

- Seek to understand the people I support today in the context of their personal history, their social and family networks, and their hopes and dreams for the future.
- Recognize and respect the cultural context (such as gender, disability, religion, sexual orientation, ethnicity, socio-economic class) of the person supported and his/her social network.
- Honor the choices, preferences, abilities and opinions of the people I support.
- Protect the privacy of the people I support.
- Interact with the people I support in a manner that is respectful to them.
- Provide opportunities for the people I support to be viewed and treated with respect and embraced as integral, contributing members of their communities.
- Promote the use of language that is respectful, sensitive and contemporary.
- Practice positive intention and transparency in my interactions with others.

Relationships:

As a DSP, I will assist the people I support to develop and maintain relationships.

Furthermore, as a DSP, I will:

- Advocate with the people I support when they do not have opportunities to build and maintain relationships.
- Recognize the importance of maintaining reciprocal relationships and proactively facilitate relationships between the people I support, their family and friends.
- Assure that people have the opportunity to make informed choices in safely expressing their sexuality.

- Separate my personal beliefs and expectations regarding relationships (including sexual relationships) from those of the people I support based on their personal preferences. If I am unable to separate my own beliefs and preferences in a given situation, I will remove myself from the situation and seek the assistance of a qualified coworker.
- Refrain from expressing negative views, harsh judgments, and stereotyping of people close to those I support.

Self-Determination:

As a DSP, I will assist the people I support to direct the course of their own lives.

Furthermore, as a DSP, I will:

- Support the rights of individuals to lead self-directed lives, working in partnership with other members of the person's support network.
- Promote self-determination in physical, intellectual, emotional, social and spiritual pursuits.
- Honor a person's right to assume risk in an informed manner.
- Recognize that each individual has potential for lifelong learning and growth.
- Celebrate, accept and learn from life's rich experiences with people through triumphs and failures.

Advocacy:

As a DSP, I will advocate with the people I support for justice, inclusion, and full community participation.

Furthermore, as a DSP, I will:

- Support people to speak for themselves in all matters, and offer my assistance when needed.
- Represent the best interests of people who cannot speak for themselves by partnering with the individual and their support team to gather information and find alternative means of expression.
- Advocate for laws, regulations, policies, and procedures that promote justice and inclusion for all people with disabilities.
- Promote human, legal, and civil rights of all people and help those I encounter to understand these rights.
- Recognize that those who victimize people with disabilities must be held accountable.
- Seek additional advocacy services when those that I provide are not sufficient.

- Seek out qualified guidance when I am unsure of the appropriate course of action in my advocacy efforts.

Appendix C

SUMMARY OF EXPERIENCE AND EDUCATION WORKSHEET

You will be asked to provide the following information on line. Completing this form in advance may assist you in having all necessary information together.

Applicant Name
Street Address
City, State/Province, Zip Code
Email
Phone Number () ____ - ____

Employment History

List most recent employment first. Use additional sheets if needed

Employer	Date Started (mo/yr)
Address	Date Ended (mo/yr)
City, State/Province, Zip Code	
Phone Number	
Supervisor's Name	
Position	
Direct Support Position (circle one) yes no	
Total number of hours worked _____	
Primary diagnosis of individual(s) supported (circle all that apply)	
Intellectual or developmental disability	
Mental health diagnosis	
Other _____	
Employer	Date Started (mo/yr)
Address	Date Ended (mo/yr)
City, State/Province, Zip Code	
Phone Number	
Supervisor's Name	
Position	
Direct Support Position (circle one) yes no	Total number of hours worked

Primary diagnosis of individual(s) supported (circle all that apply)	
Intellectual or developmental disability	
Mental health diagnosis	
Other _____	

Relevant DSP Volunteer Experience

Complete if you are using these hours to meet minimum DSP experience requirements.
Use additional sheets if needed.

Name of Volunteer Program or Agency Site _____
Address _____
City, State/Province, Zip Code _____
Started/Ended (mo/yr) _____ to _____
Supervisor _____
Telephone number _____
Primary diagnosis of individual(s) supported (circle all that apply):
Intellectual or developmental disability _____
Mental health diagnosis _____
Other _____
Approximate number of hours spent working in direct support _____

Relevant DSP Internship Experience

Complete if you are using these hours to meet minimum DSP experience requirements.
Use additional sheets if needed.

Name of Internship Program Site _____
Address _____
City, State/Province, Zip Code _____
On-site Internship Supervisor _____
Started/Ended (mo/yr) _____ to _____
Approximate number of hours spent working in direct support _____
Primary diagnosis of individual(s) supported (circle all that apply):
Intellectual or developmental disability _____
Mental health diagnosis _____
Other _____
Sponsoring Educational Program _____
Address _____
City, State/Province, Zip Code _____
Educational Program Supervisor _____

Summary of DSP Work Experience

(Paid, Volunteer, Internships)

Total months performing Direct Support Professional Work (listed above) _____

Total hours spent as a Direct Support Professional (listed above) _____

Educational History

Use additional sheets if needed

High School or GED Program	Degree	Yes	No
Address _____			
City, State/Province, Zip Code _____			
Date Degree Granted (mo/yr) _____			
College or Vocational Program (not required)	Attended from (mo/yr) _____		
Address _____			
City, State/Province, Zip Code _____			
Course of Study (degree and major) _____	Attend to (mo/yr) _____	Degree Granted	Yes No
College or Vocational Program (not required)	Attended from (mo/yr) _____		
Address _____			
City, State/Province, Zip Code _____			
Course of Study (degree and major) _____	Attend to (mo/yr) _____	Degree Granted	Yes No

Report of Continuing Education in Mental Health, Intellectual/Developmental Disability and/or Dual Diagnosis

Include courses, in-service training, on-line training, conferences, etc.

<u>Date</u>	<u>Brief Title of Training</u>	<u>Presenter</u>	<u>Length of Training (hrs)</u>	<u>Sponsor</u>
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Instructions

Complete the Educational and Employment History form and include it in your application for the DSP credential. You should include all relevant work experience. Duplicate the form as necessary to provide all DSP experience.

Work counted toward the required hours must involve Direct Support Work with individuals with intellectual/developmental disabilities or with a mental health diagnosis. The individual supported may carry both diagnoses.

Direct Support Work is any work that is primarily with an individual. Work may be in any setting: employment, residential, family support, clinic, recreation, school, etc. Count hours of the experience where your main responsibilities are to support individual(s). It is recognized that not all hours are direct contact hours as there are many activities (meetings, planning, paperwork, etc.) that do not involve direct contact, however the primary purpose of these activities is to provide direct support. FYI, full time work (40 hours/week) for one year is equal to 2080 hours. You may estimate your total hours.

Work can be paid employment (full or part time), volunteer work directly with individuals, or student internships or learning experiences. The total number of hours worked must be at least 1,000. Although full-time work for a year greatly exceeds 1,000 hours, work must extend over 12 full months (do not need to be consecutive months).

Include contact information for the supervisor or person responsible for oversight who can verify your experience.

You do not need to include volunteer and internship experiences if you meet the work requirements through paid employment.

List all education. College or other post-secondary training is not a requirement for this credential, unless required by your employer.

Report continuing education for this initial application. These continuing learning experiences may include relevant conferences, courses, in-service training, etc. List the date attended/completed, the title of training, the presenter along with their professional title, the length of the training to the nearest hour and the sponsoring/hosting agency for the training.

Appendix D

**NADD Competency Based Direct Support Professional
Certification Program
Letter of Reference Directions**

Instructions to the Applicant: You will need to ask two (2) people to provide you with letters of reference. One person providing the reference should be a person who has received services from you or his or her representative. The second person providing a reference should be a supervisor from your current, or most recent, employment. Ask your Reference Person to go to the NADD Competency-Based Direct Support Professional page on the NADD website and click “Submit a Reference.”

Instructions to Reference Person: Please go to the NADD Competency-Based Direct Support Professional page on the NADD website and click “Submit a Reference.” You will be asked to provide the following information.

1. How long have you known the applicant and in what context?
2. Please provide a statement about the applicant’s ability to work with individuals who have intellectual disability and mental illness. This should include your appraisal of his/her knowledge, skills, values, and level of competency
3. Please describe any other personal qualities and/or professional contributions that distinguish this applicant in providing direct support to individuals who have a dual diagnosis of intellectual disability and mental illness.
4. Please indicate any concerns you may have regarding DSP certification of this individual

Appendix E

Frequently Asked Questions

Certification

Who can become a certified DSP? Who is a DSP?

A Direct Support Professional(DSP) is a person whose primary role is to provide day-to-day support to people with disabilities in their homes, at work, at school or in their communities. They may be known by other titles such as support staff, direct care staff, psych tech, personal care attendants, job coach, or para-educators. The DSP certification was developed for DSPs who are ready to demonstrate competence in the area of supporting people with both intellectual disabilities and psychiatric symptoms. If you meet the minimum requirements, you can apply for certification. Typically, DSPs do not have a clinical license but they may have a degree in a related field. Professionals who have clinical license may wish to apply for Clinical Certification instead.

How much does certification cost?

The certification requires NADD membership and a \$60 application fee. The renewal fee for certification is \$30 every two years.

An individual NADD DSP membership costs \$60. If your organization has a membership, you do not need an individual membership.

Application

What experience in supporting people with both intellectual disabilities and psychiatric symptoms (dual diagnosis) is required?

The equivalent of one year full time experience in either a mental health or a developmental disability setting as a direct support professional is needed. The work may be either in paid positions or a voluntary role. Knowledge of both developmental disability and mental health is needed to pass the test.

Do I need to report my volunteer experience?

No, this is not necessary unless you need the volunteer time to meet the one year minimum work experience requirements. If you have worked for one year or more there is no need to report volunteer experience.

The form asks for educational background. Does formal education matter?

No. You must meet the requirements to be employed by an agency in your community. Most employers require at least a high school diploma or GED. NADD is interested in learning about the background of certified DSPs but does not have any requirements beyond those of the employer. NADD recognizes that expertise is not always linked to formal coursework.

What if I am not currently employed?

If you meet the experience requirements, you do not need to be employed. You will need to get documentation from your previous employer and letters of recommendation from your past employment experiences.

What is the NADSP Code of Ethics? How does it relate to the test?

The National Alliance for Direct Support Professionals (NADSP) developed a set of ethical guidelines specifically for DSPs that has been shared with NADD. A code of ethics helps guide practitioners in making good choices when faced with competing demands and expectations. It keeps them focused in a positive way on the person being supported.

“The NADSP convened a national panel of DSPs, advocates, families, professionals, and researchers who constructed this code of ethics. Focus groups and surveys regarding the draft language were conducted throughout the country and were integrated to create the final code. This Code of Ethics is intended to serve as a straightforward and relevant ethical guide, shedding some light on the shared path to a self-directed life. It is intended to guide DSPs in resolving ethical dilemmas they face every day and to encourage DSPs to achieve the highest ideals of the profession.” NADSP Code of Ethics

The Code of Ethics should guide the DSP decision-making process. When choosing among alternative courses of action on test questions, the DSP should draw from the Code of Ethics.

Do I need an email address?

Yes. All correspondence regarding the certification process will be sent via e-mail. Provide an e-mail address that you check regularly to assure you get all required information.

How soon after I complete my application can I take the test?

NADD staff will review your application for completeness and to verify that you meet all the prerequisites for certification. Generally this review will be completed in less than a week. When this review has been completed you will be notified by email regarding the testing process.

How long do I have to submit all the material for certification?

There is no time limit.

Testing

How can I study for this?

The DSP credential is based on five critical areas of support. Within each area there are broad areas of competence (called benchmarks). Specific things a DSP should be able to do (called performance indicators) in each broad area are included. A DSP should be very familiar with each of these areas and how to apply them in practices. Services to people with both ID and MI require advanced skill. The benchmarks and performance indicators for each competency area are listed in the manual and can be found on the NADD website. Preparing for and exam on these topics can be accomplished through many different avenues. DSPs may review high quality written materials, take courses, or attend conference presentations. In-service training or other types of self-study will work. Your employer may offer training or support you by providing a mentor, identifying resources, or helping with educational fees. Consider checking with your supervisor regarding these opportunities.

When is the test available?

You can access the test 24/7 from any computer once you have been given permission to take the test (via an email directly from NADD).

If you are having problems accessing the test or have other questions regarding certification, technical assistance from NADD staff is available during regular business hours (eastern time).

Can the test be taken on any computer?

Yes. The test may be taken on any computer that has access to the Internet.

I am not good with computers. What computer skills do I need?

You need to be able to scroll through the information, answer a multiple-choice question, and submit the completed test.

Are accommodations available for people with disabilities?

Yes. Contact NADD to discuss accommodations. You may contact Edward Seliger, Project Coordinator, at (845) 331-4336 or eseliger@thenadd.org.

What is on the test?

Five short scenarios are each followed by five multiple-choice questions. Each scenario and set of questions is connected to one of the five competency areas. Questions may relate to specific knowledge or may require selection of a course of action based on the information provided.

What if I want to go back and change an answer during the test?

You can go back to make changes to any of your 25 responses prior to submitting the test.

How long does the test take? Is there a time limit?

There is no time limit. Allow yourself enough time to read 5 scenarios and answer 25 multiple-choice questions. It is anticipated that the test will take approximately 30 minutes to complete. However, use your past experience with tests to gauge how long it might take you. If you log out completing your test, it will automatically be submitted and your score will be based on the questions completed.

What is a passing score?

You must earn an overall passing score of 80% (20 correct answers) with at least 60% (3 correct answers) in each competency area.

How long will it take to hear from NADD?

You should receive a response in two business days. If you do not receive a reply, contact NADD for a response.

What happens after I am certified?

A NADD-DSP certification helps you, employers, people supported and their families understand that you care about your work. It lets them know that you are familiar with important aspects of support and have achieved professional certification in this area. This certification is portable. It belongs to you, not your

employer. It is based in critical competencies that all employers and people supported will find valuable. When you complete the test:

- You will be a NADD-DSP. This designation can go on your resume.
- You will receive a certificate. You may include a copy in a professional portfolio or include a copy as an attachment to a job application.
- You will be identified as a NADD-DSP on the NADD website. Potential employers will be able to confirm your certification.
- You will qualify for some discounted training opportunities through NADD.

Employers or others who want to know more about competency areas can review the NADD Competency-Based Direct Support Professional Certification manual.

How do I renew my certification?

You will need to document that you have completed 8 hours of continuing education related to mental wellness and mental health for persons with intellectual or other developmental disabilities every two years.

You need to renew your certification every two years. At that time you will need to submit documentation and pay the renewal fee. NADD will send a reminder but it is your responsibility to renew your certification.

How do I refer to the certification?

NADD-DSP.

What if I don't pass the test?

What if I don't pass?

If you do not pass, you can retake the test after three months. Use this time to study. You do not need to pay additional fees or resubmit your application. You can take the test a total of three times without registering again.

If you retake a test the scenarios and questions will not be the same as the earlier test. There are several scenarios in each competency area. Each competency area has a pool of questions from which your questions will be randomly selected.

If I do not get a passing score because of one competency area do I need to take the entire test over or just that area?

You must retake the entire test.

Appendix F

Sample Test Questions

Arleen is 33 years old and she has been diagnosed with a moderate level of intellectual disability, a seizure disorder, and recurrent episodes of depression. She currently takes generic forms of Tegretol and Prozac. She normally enjoys movies, walking for exercise, socializing with friends, and dining out. She identifies as a practicing Roman Catholic.

- 1) For Arleen, which of the following is least consistent with the concept of wellness?
 - A. Going to a favorite movie
 - B. Enduring the ill-effects of a cold
 - C. Attending Catholic Mass
 - D. Talking to her best friend Consuela

- 2) Arleen recently fell during a seizure and scraped her knee. Which of the following would be the clearest sign that the knee scrape is infected?
 - A. A narrow rim of redness around the scrape
 - B. A dark colored scab over the scrape
 - C. Arleen scratching at the scab
 - D. Pus oozing from the scab

- 3) In checking to see if Arleen is ready to go out to eat, DSP Carla finds Arleen on the floor of her bedroom partially dressed with eyes closed and motionless. What should be DSP Carla's first response of the following?
 - A. Start chest compressions on Arleen
 - B. Turn Arleen on her side since she is having a seizure
 - C. Verbally and physically check Arleen for responsiveness
 - D. Call emergency response (i.e. 911)

- 4) The generic form of Tegretol being taken by Arleen is most likely associated with
- A. Her diagnosed seizure disorder
 - B. Her diagnosed depression
 - C. Her diagnosed intellectual disability
 - D. General health maintenance
- 5) Which of the following would be the best indication that Arleen may be experiencing an episode of depression?
- A. She refused her medications this morning
 - B. She is often sleeping during the day and avoiding activities
 - C. She is having seizures more often than in the past
 - D. She is reporting stomach pain after every meal for the past two days

Therese is 33 year old woman who lives in an apartment with 24 hour support. She has a behavior support plan that lists one of the goals as diminishing self injurious behaviors. The plan states that these behaviors usually involve cutting herself with sharp objects or other self-harm and efforts should be made to assure Therese's safety when she displays self injury. Preventatively, staff are to regularly reflect her feelings for her and help her gain insight into what bothers her.

- 1) When you arrive for your shift, you notice that there are broken CD's in Therese's room and she has scratches with some slight bleeding at her wrists. What is your first course of action?
- A. Notify your supervisor of the incident and ask for the next steps to take
 - B. Fill out an incident report including a detailed description of the wounds
 - C. Ask Therese to see the wounds to make sure they are not serious and to apply necessary treatment
 - D. pick up the broken CD's and remove any other sharp objects
- 2) During your shift, Therese receives a phone call during which you hear her yelling. You hear her hang up the phone then go into the bathroom, slamming the door loudly. What should you do?
- A. Wait five minutes then check on Therese in the bathroom.
 - B. Knock on the bathroom door and ask Therese if she is okay.

- C. Call your supervisor and seek advice.
 - D. Consult with other staff and Therese's record to see if Therese has ever harmed herself in the bathroom in the past.
- 3) Therese gets frustrated in the kitchen one night and manages to break a glass and cut her wrist such that she requires medical attention. What are your next steps?
- A. Provide appropriate immediate first aid, seek out appropriate medical treatment taking necessary information, make arrangements (following her behavior/treatment plan) to evaluate her current intent to continue to harm herself
 - B. Begin talking to Therese about what led her to harm herself, notify your supervisor of the incident, fill out an incident report
 - C. Go through the apartment and put away all sharps, document the incident in the medical record and in an incident report, call the ambulance
 - D. Call the ambulance and your supervisor . Pull the necessary information to send with her on the ambulance. Refuse to talk to Therese in the event that she cut herself in order to gain attention. Clean up the glass in the kitchen. Document the incident both in the medical record and on an incident report.
- 4) At one point after scratching herself repeatedly with a safety pin, Therese tells you that she has had a bad day and that she is mad at everyone. You have determined that Therese has not been injured significantly and that other sharps have been secured. What is your response to Therese?
- A. Leave her alone until she tells you she is ready to talk. It is more important to document well.
 - B. Let her know that her care and want to help her understand and cope better.
 - C. Let her know that she is likely to endanger her placement in the community if she continues these behaviors.
 - D. Look for opportunities to reflect how she is feeling and get her to tell you more about what upset her.

5) Therese is repeatedly stating that she feels like harming herself. She has tried to run into the street in front of cars today and has broken a window seeking glass to cut herself with. Your supervisor has asked that you call the police and have her transported to the local emergency room to have her evaluated for suicidal ideation. After calling the police, what is your next step?

- A. Gather her emergency contacts and medication list. Gather up clothing for a few days at the hospital.
- B. Determine which staff can go with her to the emergency room and begin documenting the incident in records and incident report
- C. Begin calling Therese's emergency contacts to notify them that she is being admitted to the hospital
- D. Gather necessary information for the evaluation including info in a) and current and historic behavior information.

Answers

Answers to Arleen scenario questions:

- 1. B
- 2. D
- 3. C
- 4. A
- 5. B

Answers to Therese scenario questions:

- 1. C
- 2. B
- 3. A
- 4. D
- 5. D