



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



**NADD Competency-Based  
Dual Diagnosis  
Specialist Certification  
Program Manual**

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## EXECUTIVE SUMMARY

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

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

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

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

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

### **Competency Areas**

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

1. Multimodal bio-psycho-social approach
2. Application of emerging best practices;
3. Knowledge of therapeutic constructs;
4. Respectful and effective communication;
5. Knowledge of dual role service delivery & fiduciary responsibilities; and
6. Ability to apply administrative critical thinking.

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

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

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

**Interview**

Once the Application has been received and reviewed by NADD Staff, an examination interview, via video conferencing will be arranged. The applicant will be asked to prepare a presentation of approximately 20 minutes in duration (no more than 30 minutes). The presentation will be of one or more professional scenarios that reflect an understanding of the NADD's 6 core competencies and how they are aligned to the work you do to support individuals with intellectual disabilities and co-occurring mental illness.

The presentation outline must be provided before the interview can be scheduled.

The scenario presentation should include the following elements:

- A. Brief description of the scenario
- B. Relevant background information
- C. Structure/format for addressing the issue(s) presented in the scenario
- D. Issues that arose and how these were addressed
- E. Description of the outcome and any follow-up.
- F. Citation of at least two journal articles within the past 5 years regarding aspects of the service delivery, training, emerging best practice techniques etc. (JMHRID, JABA, AJIDD, etc.)
- G. A rationale for approaches used to resolve the issues presented relating directly to the impact on people with a dual diagnosis.

The scenario presentation should demonstrate a thorough understanding of the Specialist Core Competencies.

**Credential**

NADD Certified Specialists are entitled to use "NADD-DDS" as a credential.

**Cost**

A \$295 non-refundable application fee is payable at the time of application

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## **Dual Diagnosis Specialist Certification Work Group**

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

### **Certification Program Directors**

Robert Fletcher, DSW, ACSW

Donna McNellis, PhD

### **Work Group**

#### **Co-Chairpersons**

Michael Schroeder

Astrid Berry

### **Work Group Members**

Daniel Baker

Donna McNelis

Edward Seliger

Lisa Hovermale

Melissa Cheplic

Robert Fletcher

Robin VanEerden

Stephanie Napoleon

Terry McNelis

Connie Orr

Hugh Sage

Lori Burkett

## Introduction

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

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

### The Challenge of Service Delivery

These individuals have complex needs and present service challenges to the professionals and systems providing treatment and support services. Specialists face the difficulty of supporting individuals whose treatment is extremely complex.

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

## NADD

Founded in 1983, NADD is a not-for-profit membership association established for professionals, care providers and families to promote understanding of, and services for, individuals who have intellectual/developmental disabilities and mental health needs. The mission of NADD is to advance mental wellness for persons with IDD through the promotion of excellence in mental health care. NADD is recognized as the leading organization providing conferences, educational services, and training materials concerning individuals with IDD and mental illness to many thousands of people in the United States and world-wide. Through the dissemination of knowledge, NADD has been influential in the development of community-based policies, programs, and opportunities in addressing the mental health needs of persons with IDD and has been an international leading force advocating on behalf of individuals who have mental illness and intellectual/developmental disability. In furtherance of its mission to advance mental wellness for persons with intellectual/developmental disabilities, NADD has spent significant time and effort identifying the service needs of individuals with IDD and mental illness, and has worked to identify and support appropriate service programs for these individuals. NADD has been involved in identifying and promoting best practices in the support of these individuals. NADD developed the NADD Accreditation and Certification Programs as part of its continuing efforts to improve the lives of individuals with intellectual disability and mental illness.

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

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

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

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

## Certification

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

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

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

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

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

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

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

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

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

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

*Benefits for the consumer or purchaser of services*

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

*Benefits for the field*

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

**Credential**

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

**Development Of Standards**

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

**Competency Areas**

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

- 1. Multimodal bio-psycho-social approach:**
  - a. The NADD Dual Diagnosis Specialist is familiar with the bio-psycho-social/multi-modal approach and;
  - b. The NADD Dual Diagnosis Specialist incorporates recovery and resiliency to be able to develop a service plan;
  - c. The NADD Dual Diagnosis Specialist identifies the inter-relationships among a person's biological, social, and psychological domains.
  - d. The NADD DD Certified Specialist has an understanding of the holistic approach
  - e. The NADD Dual Diagnosis Specialist can formulate information to enable delivery of accurate/relevant medical, psychological, psychiatric, behavioral information to other Specialists or caregivers/supporters;
  - f. The NADD Dual Diagnosis Specialist appreciates the environmental, contextual, and individual learning styles; and
  - g. The NADD Dual Diagnosis Specialist utilizes the above model to guide all service/treatment planning.



**2. Application of emerging best practices**

- a. The NADD Dual Diagnosis Specialist demonstrates understanding of assessments, their purpose, when they may be needed, and how to obtain them and;
- b. The NADD Dual Diagnosis Specialist understands the connection between assessment and service delivery

**3. Knowledge of therapeutic constructs**

- a. The NADD Dual Diagnosis Specialist demonstrates an understanding of trauma and how it affects the brain and body;
- b. The NADD Dual Diagnosis Specialist demonstrates an appreciation of neuro-sensory issues;
- c. The NADD Dual Diagnosis Specialist has an understanding of genetic underpinning and advances to guide treatment; and
- d. The NADD Dual Diagnosis Specialist demonstrates knowledge of psychotherapeutic skills that can be useful.

**4. Employ respectful and effective communication in rapport building**

- a. The NADD Dual Diagnosis Specialist assures that the person is “in the driver’s seat”; and
- b. The NADD Dual Diagnosis Specialist understands the importance of communication between stakeholders and supporters that is relevant to the person’s care and well being

**5. Demonstrate knowledge of dual role service delivery & fiduciary responsibilities**

- a. The NADD Dual Diagnosis Specialist is able to report on progress of the person in relationship to therapeutic goals and outcomes;
- b. The NADD Dual Diagnosis Specialist identifies the connection between funding and good care;
- c. The NADD Dual Diagnosis Specialist has an ability to work with clinicians and other stakeholders if outcomes are not being achieved.

**6. Ability to apply administrative critical thinking.**

- a. The NADD Dual Diagnosis Specialist recognizes the importance and need for staff and families to understand the multimodal approach;
- b. The NADD Dual Diagnosis Specialist demonstrates understanding of training needs for DSPs/teams/families to implement treatment/support plans;
- c. The NADD Dual Diagnosis Specialist has the ability to assess and resource effective strategies in meeting persons wants and needs;
- d. The NADD Dual Diagnosis Specialist is able to signal that behavior plans may be too complicated to be implemented; and
- e. The NADD Dual Diagnosis Specialist is able to identify when a plan may not meet the needs of the person.

## Application Procedure

### Pre-requisites

#### *Education*

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

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

#### *Experience*

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

#### *Ethical Behavior*

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

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

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

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

#### *NADD Membership*

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

## **Application**

NADD accepts applications for certification programs through our website, where all program requirements and information are spelled out, and contact information is available in case you have any questions. Please visit [thenadd.org](http://thenadd.org) to learn more.

When an application is received, it will be reviewed to ascertain that all requirements have been included and whether the applicant meets the prerequisites for certification. Once the applicant is deemed to have met the prerequisites for certification, the applicant will be contacted to arrange an examination interview to take place via video conferencing.

## **Examination Interview**

For the examination interview, the applicant will be asked to prepare a presentation of approximately 20 minutes in duration (no more than 30 minutes) on one or more professional scenarios that reflect an understanding of the NADD's 6 core competencies and how they are aligned to the work you do to support individuals with intellectual disabilities and co-occurring mental illness.

The presentation outline will be completed and uploaded into the NADD Learning Management System with the application; before the interview will be scheduled

The scenario presentation should include the following elements:

- A. Brief description of the scenario
- B. Relevant background information
- C. Structure/format for addressing the issue(s) presented in the scenario
- D. Issues that arose and how these were addressed
- E. Description of the outcome and any follow-up.
- F. Citation of at least two journal articles within the past 5 years regarding aspects of the service delivery, training, emerging best practice techniques etc. (JMHRID, JABA, AJIDD, etc.)
- G. A rationale for approaches used to resolve the issues presented relating directly to the impact on people with a dual diagnosis.

The scenario presentation should demonstrate a thorough understanding of the Specialist Core Competencies.

## **Specialist Core Competencies:**

### *Multimodal bio-psycho-social approach*

- Familiarity with the bio-psycho-social/multi-modal approach.
- Incorporates recovery and resiliency to be able to develop a service plan.
- Identifies the inter-relationships among a person's biological, social, and psychological domains.
- Understands the holistic approach.
- Able to formulate information to enable delivery of accurate/relevant medical, psychological, psychiatric, behavioral information to other specialists or caregivers/supporters.
- Appreciates the environmental, contextual, and individual learning styles
- Utilizes the above model to guide all service/treatment planning.

Application of emerging best practices

- Demonstrates understanding of assessments, their purpose when they may be needed, and how to obtain them.
- Understands the connection between assessment and service delivery.
- Demonstrates appropriate prioritization of personal, medical, psychiatric, psychological, social, and behavioral domains when approaching assessment and supports.

Knowledge of therapeutic constructs

- Demonstrates an understanding of trauma and how it affects the brain and body.
- Demonstrates an appreciation of neuro-sensory issues.
- Understands genetic underpinning and advances to guide treatment; and
- Demonstrates knowledge of psychotherapeutic skills that can be useful.

Respectful and effective communication

- Assures that the person is “in the driver’s seat;” and
- Understands the importance of communication between stakeholders and supporters that is relevant to the person’s care and well-being.
- Able to address resistance to best practice approaches in a team setting.
- Knowledge of dual role service delivery & fiduciary responsibilities
- Able to report on progress of the person in relationship to therapeutic goals and outcomes.
- Identifies the connection between funding and good care
- Understands effective strategies to resolve programmatic issues that may impact therapeutic goals (limited payment mechanisms, administrative rules that are outdated, access to waiver services etc.)
- Has an ability to work with clinicians and other stakeholders if outcomes are not being achieved
- Identifies system barriers and how to diplomatically resolve these issues.

Ability to apply administrative critical thinking

- Recognizes the importance and need for staff and families to understand the multimodal approach.
- Demonstrates understanding of training needs for DSPs/teams/families to implement treatment/support plans.
- Able to assess and resource effective strategies in meeting persons wants and needs.
- Ability to signal that behavior plans may be too complicated to be implemented.

Prior to submission of the scenario presentation outline, the applicant should ensure that the situation (or situations) being shared includes a clear consideration of each of the targeted areas and demonstrates incorporation of the competency areas.

## **Specialist Professional Scenario Examiner Interview Guidelines**

1. Discussion of applicant's training and experience in dual diagnosis, jobs, position, program
2. Review of capacity and work with (or support of) individuals with dual diagnosis
3. Discussion of the professional scenario presentation.  
Scenario will address competency areas:
  - Multi-modal/bio-psycho-social approach
  - Application of emerging best practices
  - Knowledge of therapeutic constructs
  - Respectful and effective communication
  - Knowledge of dual role service delivery & fiduciary responsibilities
  - Ability to apply administrative critical thinking

### Scoring Rubric

- 1 = Insufficient evidence of competence in this area
- 2 = Minimal evidence of competence in this area
- 3 = Evidence of average competence in this area
- 4 = Evidence of above average level of competence in this area
- 5 = Evidence of superior level of competence in this area

## **Cost**

The cost of Specialist Certification is payable in the form of a non-refundable exam fee at the time of application, as follows:

- \$225 for employees of a NADD-Accredited Organization
- \$295 for employees of an organization that is not NADD-Accredited

Renewal cost is as follows:

- \$75 for employees of a NADD-Accredited Organization
- \$100 for employees of an organization that is not NADD-Accredited

## **Continuing Certification**

### *Requirements to Maintain Specialist Certification*

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

- Maintain NADD membership, either individually or through their organization
- Renew certification every two years. This includes meeting the ongoing education and training requirement (see below) and paying the renewal fee.
- Continue practice in an ethical manner (see below for the procedure for complaints against NADD-Certified Specialists).

### *Renewing Certification*

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

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

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

### *Ongoing Education and Training Requirement*

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

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

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

### **Conditions that may result in certification revocation**

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

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

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

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

## **Complaints against NADD-Certified Dual Diagnosis Specialists**

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

Ethics Review – Specialist Certification  
NADD  
321 Wall Street  
Kingston, NY 12401

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

### **Disclaimer**

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



## Appendices

### Appendix A: Competency Areas

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

Competency Standard 2: Application of emerging best practices

Competency Standard 3: Knowledge of therapeutic constructs

Competency Standard 4: Respectful and effective communication

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

Competency Standard 6: Ability to apply administrative critical thinking

### Appendix B: Interview Guidelines

### Appendix C: Recommendation Letters

## Appendix A

### Competency Areas

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

##### **OVERVIEW**

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

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

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

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

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

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

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

### Specific Skill Set Requirements

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

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

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

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

The Dual Diagnosis Specialist identifies psychological causes of behavior such as

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

### AREAS OF KNOWLEDGE AND SKILL

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

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

#### *Benchmark1A Performance Indicators*

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

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

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

*Benchmark 1B Performance Indicators*

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

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

*Benchmark 1C Performance Indicators*

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

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

*Benchmark 1D Performance Indicators*

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

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

*Benchmark 1E Performance Indicator*

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

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

*Benchmark 1F Performance Indicators*

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

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

*Benchmark 1G Performance Indicators*

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

**References:**

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

## COMPETENCY STANDARD

### Application of emerging best practices

#### OVERVIEW

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

#### AREA OF KNOWLEDGE AND SKILL

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

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

##### *Benchmark 2A Performance Indicators*

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

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

##### *Benchmark 2B Performance Indicators*

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

#### References

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

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

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

**AREAS OF KNOWLEDGE AND SKILL**

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

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

*Benchmark 3A Performance Indicators*

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

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

*Benchmark 3B Performance Indicators*

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

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

*Benchmark 3C Performance Indicators*

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

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

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

*Benchmark 3D Performance Indicators*

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

**References:**

Fletcher, R.J. (Ed.) (2011). *Psychotherapy for individuals with intellectual disability*. Kingston, NY: NADD Press.

Fletcher, R., Loschen, E., Stavrakaki, C., & First, M. (Eds.). (2007). *Diagnostic manual – Intellectual disability (DM-ID): A textbook of diagnosis of mental disorders in persons with intellectual disability*. Kingston, NY: NADD Press.

McGilvery, S., & Sweetland, D. (2011). *Intellectual disability and mental health: A training manual in dual diagnosis*. Kingston, NY: NADD Press.

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

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

**AREAS OF KNOWLEDGE AND SKILL**

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

**BENCHMARK 4A:** The Dual Diagnosis Specialist ensures that the person is “in the driver’s seat.”

*Benchmark 4A Performance Indicators*

1. *Understands what the individual wishes to have as goals and can communicate those to others*



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

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

*Benchmark 4B Performance Indicators*

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

**References:**

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

**COMPETENCY STANDARD 5:**

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

**OVERVIEW**

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

**AREAS OF KNOWLEDGE AND SKILL**

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

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

*Benchmark 5A Performance Indicators*

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

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

*Benchmark 5B Performance Indicators*

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

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

*Benchmark 5C Performance Indicators*

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

**References:**

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

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

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

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

## COMPETENCY STANDARD 6:

### Ability to apply administrative critical thinking

#### OVERVIEW

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

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

#### *Benchmark 6A Performance Indicators*

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

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

#### *Benchmark 6B Performance Indicators*

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

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

#### *Benchmark 6C Performance Indicators*

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

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

*Benchmark 6D Performance Indicators*

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

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

*Benchmark 6E Performance Indicators*

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

**References:**

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

Name of Candidate:

Date:

Examiner 1:

Examiner 2 (if applicable):

**Specialist Professional Scenario Examiner Interview Guidelines**

1. Discussion of applicant’s training and experience in dual diagnosis, jobs, position, program
2. Review of capacity and work with (or support of) individuals with dual diagnosis
3. Discussion of the professional scenario presentation. Scenario will address competency areas:
  - Multi-modal/bio-psycho-social approach
  - Application of emerging best practices
  - Knowledge of therapeutic constructs
  - Respectful and effective communication
  - Knowledge of dual role service delivery & fiduciary responsibilities
  - Ability to apply administrative critical thinking

**Scoring Rubric**

- 1 = Insufficient evidence of competence in this area
- 2 = Minimal evidence of competence in this area
- 3 = Evidence of average competence in this area
- 4 = Evidence of above average level of competence in this area
- 5 = Evidence of superior level of competence in this area

<b>Each Examiner should score the presentation according to the guidelines</b>	1	2	3	4	5
Multimodal bio-psycho-social approach					
Application of emerging best practices					
Knowledge of therapeutic constructs					
Respectful and effective communication					
Knowledge of dual role service delivery & fiduciary responsibilities					
Ability to apply administrative critical thinking					
Did the applicant include citations of at least two journal articles within the past 5 years regarding aspects of the service delivery, training, emerging best practice techniques, etc.					
Clear description of the scenario(s) presented					
Relevant background information					
Description of issues that arose and how these were addressed					
Description of the outcome and any follow-up					
Rationale for approaches used to resolve the issues presented relating directly to the impact on people with a dual diagnosis					
Total score					
Maximum score 60 points (per examiner) Requires a score of 36 (per examiner) to be certified.					

### Examiner reflections

If there were multiple examiners, Examiner 1 should provide a brief narrative summary of discussion between Examiners regarding conferring of certification.

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Is the applicant being recommend for certification?	Yes	No
Is the applicant being invited to becoming a part of the examiner team?	Yes	No
Is the applicant being invited to join the Specialist committee?	Yes	No

This document should be sent to [specialistcerts@thenadd.org](mailto:specialistcerts@thenadd.org) with the final score.