

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

**THE NADD
COMPETENCY-BASED
CLINICAL CERTIFICATION
PROGRAM**



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

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 (IDD/MI). These individuals have complex needs and present clinical challenges to professionals, programs, and systems. Clinicians face the challenge of diagnosing mental illness and providing appropriate mental health treatment for persons who have IDD/MI.

NADD Competency-Based Clinical Certification Program

NADD, an association for persons with developmental disabilities and mental health needs, developed the NADD Competency-Based Clinical 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.

Advantages of Clinical Certification by NADD

Clinical certification through the NADD Competency-Based Certification Program validates and provides assurance to people receiving services, professional colleagues, employers, and third-party payers that a clinician has met the standards established by NADD for providing services to individuals with ID/MI. Certification attests to the clinician's competency in providing these

Clinical certification . . . validates and provides assurance to people receiving services, professional colleagues, employers, and third-party payers that a clinician has met the standards established by NADD for providing services to individuals with ID/MI.

services. In addition to the prestige this Certification provides, it may benefit the clinician through greater employment opportunities, job security, and promotions. The certification is portable; clinicians 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 clinician seeking certification will be required to demonstrate mastery of the following five competency areas:

- Positive Behavior Supports and Effective Environment
- Psychotherapy
- Psychopharmacology
- Assessment of Medical Conditions
- Assessment

Pre-Requisites for Certification: Training, Experience, References

To be considered for certification, clinicians must have one of the following licenses in the USA or Canada (equivalent accepted): state/province license, i.e. Ph.D., Psy.D., or Ed.D. Psychologist; state/province license, BCBA, or governing body recognition as an Applied Behavior Analyst; State/province license as a Physician, M.D., D.O., MBBS, or equivalent; state/province license as a Master's level: Mental Health Counselor; Marriage & Family Counselor; Addictions Counselor; state/province license as a Licensed Clinical Social Worker; state/province license as a Physician's Assistant, Advanced Practice RN, or Nurse Practitioner (or clinical equivalent); or other similar credentialing; equivalent determination resides with the NADD Competency-Based Certification Program. Professionals with a Master's level in a related field or RNs are eligible with additional experience and a thorough explanation of the experience base.

The applicant must have 5 years experience in support of persons with intellectual disabilities and mental health issues. This can include internships and externships. For applicants with a Master's degree in a related field and for RNs, 7 years is required.

In addition to providing copies of the applicant's curriculum vitae and professional license, the applicant must submit reference letters from three people able to provide a reference about the applicant's clinical skills, knowledge and values and experience with persons who have a dual diagnosis.

Work Sample

Once the application has been reviewed and the applicant has been found to meet the prerequisites, the applicant will receive instructions to submit one work sample of a case that demonstrates clinical work with an individual who has a dual diagnosis. The work sample should be no more than five pages in length and should include formulation of problem, structure of therapy or intervention, landmark events or salient issues that arose during the course of treatment and how these were addressed within treatment, reflection on issues within therapy or ethical concerns, and how the clinical approach was informed by an understanding of intellectual disability or dual diagnosis.

Clinicians who receive NADD clinical certification will be entitled to use "NADD-CC" as a credential.

Interview

The final component of the certification process is an interview, which may occur in person, at a NADD conference, via web-based video conferencing, or by telephone. The applicant shall be presented with a case vignette approximately 24-48 hours before the interview, about which he or she shall be asked to verbally offer their thoughts and reflections (i.e., provide a case formulation and treatment plan). The interview shall also include resolution of any questions raised during other parts of the application process.

Credential

Clinicians who receive NADD clinical certification will be entitled to use "NADD-CC" as a credential.

Cost

The cost of the NADD Competency-Based Certification is \$375.00. A non-refundable application/exam fee of \$375.00 must accompany the application package. The NADD Competency-Based Certification is good for two years. The renewal cost is \$100.00. There is a continuing education requirement of 10 hours every 2 years in areas related to Mental Wellness and Mental Health for persons with IDD.

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CLINICAL CERTIFICATION WORK GROUP

The NADD Clinical Certification Program 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 a clinician to properly serve 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

Co-Chairpersons

Daniel Baker, PhD
New Brunswick, NJ

L. Jarrett Barnhill, MD
Chapel Hill, NC

Work Group Members

Richard S. Amado, PhD
St. Paul, MN

Anne Desnoyers Hurley, PhD
Chestnut Hill, MA

B. Tim Barksdale, MA, MS
Philadelphia, PA

Gene McConnachie, PhD
Seattle, WA

Betsey A. Benson, PhD
Columbus, OH

Dina McFalls, MS
Philadelphia, PA

Diane Cox-Lindenbaum, MSW
Ridgefield, CT

Carol Persons, MD
Philadelphia, PA

Lucille Esralew, PhD
Cranford, NJ

Nancy J. Razza, PhD
New Brunswick, NJ

Mark H. Fleisher, MD, FAPA
Omaha, NE

Jack Toomey, RN, CDDN
Philadelphia, PA

Susan M. Haverkamp, PhD
Columbus, OH

Robin G. VanEerden, MS NCC
Harrisburg, PA

Karyn Harvey, PhD
Lutherville, MD

INTRODUCTION

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

Individuals who have both mental illness and intellectual disability (ID) are considered to have a dual diagnosis. More than a million people in the United States have both mental illness and intellectual disability.¹ It has been estimated that individuals with ID 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}

The Clinical Challenge

These individuals have complex needs and present clinical challenges to the professionals and systems providing treatment and support services. Clinicians face the difficulty of diagnosing mental illness with minimal verbal input of the individual.

Although psychiatric disorders in persons with IDD are common, they are frequently not appropriately identified. Clinicians often attribute maladaptive behavior or behavioral problems to the condition of an

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.

intellectual disability rather than assessing these behaviors in relationship to the manifestation of a psychiatric disorder. This phenomenon is known as diagnostic overshadowing. Clinicians need to have an understanding of the manifestation of signs and symptoms of mental illness in persons with IDD. In order to provide adequate services for this group of people, clinicians need an understanding of how to modify existing treatment and support approaches in order to meet the clinical needs of persons with a dual diagnosis. This includes an adaptation in areas such as positive behavioral supports, medication treatment, and psychotherapy, as well as assessment and mental health diagnosis.

NADD

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

The NADD Accreditation and Certification Programs [are] part of its continuing efforts to improve the lives of individuals with intellectual disability and mental illness

improve the lives of individuals with intellectual disability and mental illness.

Certification

What is certification?

Certification is a review process designed to establish standards of practice. Certification identifies the skills, knowledge, and attributes needed in a particular field. The NADD Clinical Competency-Based Certification Program is designed to review and assess the competence of professionals who provide clinical services to individuals who have co-occurring intellectual disability and mental illness.

Why Certification?

- To provide a clinical 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 Clinician:

Clinical certification through the NADD Competency-Based Certification Program validates and provides assurance to people receiving services, professional colleagues, employers, and third-party payers that a clinician has met the standards established by NADD for providing services to

individuals with ID/MI. Certification attests to your competency in providing these services. In addition to the prestige this certification provides, it may benefit the clinician through greater employment opportunities, job security, and promotions. The certification is portable; clinicians 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.

Clinical certification through the NADD Competency-Based Certification Program validates and provides assurance to people receiving services, professional colleagues, employers, and third-party payers that a clinician has met the standards established by NADD for providing services to individuals with ID/MI.

The names and contact information of NADD certified clinicians will be posted on the NADD Accreditation and Certification Program website (unless they request that this information not be posted). This may provide referrals for the clinician from purchasers of services who are seeking a NADD-certified professional.

Benefits for the consumer or purchaser of services

Clinical certification through the NADD Competency-Based Certification Program will indicate that a clinician has met the standards established by NADD for providing services to individuals with ID/MI. People receiving services, parents, vendors, regulators, and insurance companies can be assured clinicians who have earned the NADD certification have demonstrated clinical competence in the area of the provision of mental health therapy/supports for people with a dual diagnosis.

Benefits for the field

The goal of clinical 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 clinical services delivered for people who have a dual diagnosis. We believe that as a result of the NADD Competency-Based Certification Program, clinical services will be

provided by clinicians who have a high level of competence. -We believe clinicians will strive to achieve this level of expertise in order to receive NADD certification. As more clinicians within North America become NADD certified, the quality of clinical service provided should be significantly improved.

CREDENTIAL

Clinicians who receive NADD clinical certification will be entitled to use “NADD-CC” as a credential.

DEVELOPMENT OF STANDARDS

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

COMPETENCY AREAS

The clinician seeking certification will be required to demonstrate mastery of the following five competency areas:

- Positive Behavior Supports and Effective Environment
- Psychotherapy
- Psychopharmacology
- Assessment of Medical Conditions
- Assessment

Positive Behavior Supports and Effective Environment. Individuals with dual diagnosis often have multiple factors effecting the presentation of their challenging behaviors (i.e., symptoms). While Positive Behavior Support (PBS) cannot cure underlying biological bases for mental illnesses, it has been shown that it can reduce the behaviors of concern for those who have mental health conditions. PBS does this by first identifying those factors that predict and trigger challenging behaviors (e.g., those environmental variables that cause heightened anxiety; the presentation of a request to engage in an activity that is considered aversive by the person). This process is called Functional Behavioral Assessment. First, PBS interventions are targeted to those identified variables to design positive environmental conditions that reduce, remove, or modify those variables known to trigger challenging behaviors. The Functional Behavioral Assessment also identifies the function, or purpose of the challenging behavior. Intervention also focuses on teaching the individual a more socially acceptable behavior that will serve the same purpose as the problem behavior (e.g., requesting to leave a situation that provokes high anxiety, rather than resorting to aggression to be allowed to escape that situation). PBS includes Applied Behavior Analytic perspectives and interventions.

The primary goal of PBS interventions is to improve the quality of life of the individual so that he or she can experience (a) positive relationships with others, (b) a sense of personal agency through experiencing sufficient choice and control in their life, (c) positive status for positive contributions, and (d) improving competence in managing their daily life. The PBS approach includes direct educational strategies to help teach individuals the skills needed to achieve these quality of life goals. Creating positive environments also includes arranging the social environment so that caregivers reinforce pro-social behaviors and eliminate reinforcement for the challenging behaviors. PBS always eschews the use of aversive procedures as punishment, but may include those restrictive procedures necessary to protect the individual or others in a crisis situation.

Psychotherapy is an intentional relationship between a trained professional (therapist) and client with the express purpose of improving the client's mental health or helping the client better cope with emotional problems or problems of living. This arrangement can be undertaken by an individual, a couple, a family or a group. It is a special relationship between client(s) and a professional, who is trained and credentialed within his/her own discipline to provide non-medical treatment of mental and emotional problems.

Psychopharmacology. Pharmacotherapy is most commonly thought of as a form of treatment that involves medications and other biologically active compounds. Psychopharmacology is the use of drugs that affect the central nervous system in the treatment of both challenging behaviors and psychiatric disorders. Psychotropic drugs are usually classified in terms of their mechanism of action (serotonin reuptake inhibitors) or condition specificity (antidepressants or mood stabilizers). In general the effectiveness of a drug can be assessed based on best practices or evidence-based criteria. Best practices are those that are judged by fellow prescribers, experts and clinical practice as effective. Some of these standards may not meet the level of well designed randomized controlled double blind studies required for evidence-based medical criteria. A second issue is whether a drug is approved by the Food and Drug Administration (FDA). This is a long process that requires demonstrating the safety and efficacy of a new drug. The manufacturer seeks approval or indication for a specific syndrome (depression) or function (irritability among individuals with autism). For persons with IDD, there are many drugs that are not approved for a specific indication by the FDA. Their use is based on community best practices or in some circumstances

randomized controlled trials demonstrating their efficacy for a particular indication.

Informed consent is required in order to prescribe a drug to an individual. For individuals who are legally competent to make medical decisions this requires a thorough discussion of what the drug is being used for, efficacy, and safety of use and a review of pertinent side effects. For a person adjudicated as incompetent, informed consent requires approval by the guardian or parent for a minor. Assent by the recipient of the drug is needed in research studies and when possible before the medication is given.

Assessment of Medical Conditions. The brain behavior relationships that underlie both challenging behaviors and mental disorders are intimately connected to physical health and well-being. Medical illness can have a profound effect on brain functioning. These effects include: delirium (brain failure); worsening of pre-existing mental status change; target symptoms; or psychiatric symptoms; and emergence of new patterns of behavior that mimic mental disorders. Medication side effects or iatrogenic causes can create similar problems. The differential diagnosis of these complications can require an extensive medical or neurological workup.

Clinical Assessment is an examination into a person's mental health and symptomatology conducted by a professional who is trained and credentialed within his/her own discipline with the purpose of arriving at a mental health diagnosis or arriving at a formulation of an individual's problems. The expected outcome of a clinical assessment is to recommend relevant treatment, intervention and supports consistent with the findings of the examination.

It is recognized that applicants will have the greatest degree of competency in their specific area of interest, but a working knowledge of all areas is required.

(See Appendix for listing of Competency Benchmarks and Performance Indicators.)

APPLICATION PROCEDURE

Pre-requisites

License

Clinicians must have one of the following licenses in the USA or Canada (equivalent accepted)

- State/province license as a Ph.D., Psy.D., or Ed.D. Psychologist
- State/province license, BCBA, or governing body recognition as an Applied Behavior Analyst
- State/province license as a Physician, M.D., D.O., MBBS, or equivalent
- State/province license as a Master's level: Mental Health Counselor; Marriage & Family Counselor; Addictions Counselor
- State/province license as a Licensed Clinical Social Worker
- State/province license as a Physician's Assistant, Advanced Practice RN, or Nurse Practitioner (or clinical equivalent)
- Or other similar credentialing; equivalent determination resides with the NADD Competency-Based Certification Program.

Professionals with a Master's level in a related field or RNs are eligible with additional experience as noted below and a thorough explanation of the experience base.

Experience

The applicant will have 5 years experience in support of persons with intellectual disabilities and mental health issues (Dually Diagnosed). This can include internships and externships. For applicants with a Master's degree in a related field and for RNs, 7 years is required.

Ethical Behavior

Most disciplines, through their professional disciplinary association or governing body, have a Code of Ethics to which members are committed to follow. All applicants shall attest to following the ethical standards of their profession association as well as state, province, or national ethics and regulations. The applicant's signatures in the Ethical Behavior section of the application form and in the Principles section of the application form are required and shall denote the candidate's commitment to ethical behavior. Professional associations as discussed above must be recognized as an established, respected, and legitimate organization. Questions related to their standing will be determined by the NADD Competency-Based Certification Program if necessary.

The applicant's signatures in the Ethical Behavior section of the application form and in the Principles section of the application form are 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 licensed 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 Clinicians," below.)

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

NADD Membership

Clinicians 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 clinical certification. A NADD organizational membership may satisfy this requirement if the clinician 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 clinician would need the benefits of a NADD membership.

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

Application

The application and supporting materials should be mailed to:

NADD Competency-Based Clinical Certification
Program
132 Fair Street
Kingston, NY 12401

Application Check List

The following should be included in the application package:

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

Receipt of Application

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

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

Case Work Sample

Once the application has been reviewed and the applicant has been found to meet the prerequisites, the applicant will receive instructions to submit one work sample of a case that demonstrates clinical work with an individual who has a dual diagnosis. See Appendix C: Work Sample Guidelines. The work sample should be no more than five pages in length and should include formulation of problem, structure of therapy, landmark events or salient issues that arose during the course of treatment and how these were addressed within treatment, reflection on issues within therapy or ethical concerns, and how the clinical approach was informed by an

The final component of the certification process is an interview, which may occur in person, at a NADD conference, via web-based video conferencing, or by telephone

understanding of intellectual disability or dual diagnosis.

NADD will assign two examiners to review to work sample. The work sample will be reviewed to determine whether the candidate demonstrates competency in the five competency areas. If the work

sample is found to be acceptable, the interview will be scheduled.

Interview

The final component of the certification process is an interview, which may occur in person, at a NADD conference, via web-based video conferencing, or by telephone. The applicant shall be presented with a case vignette approximately 24-48 hours before the interview, about which he or she shall be asked to verbally offer their thoughts and reflections (i.e. provide a case formulation and treatment plan). The same two examiners who reviewed the work sample will participate in the interview. The interview shall also include resolution of any questions raised during other parts of the application process. Interviews will generally follow the outline below.

1. Discussion of applicant's training and experience in dual diagnosis
2. Resolution of specific questions arising from application materials

3. Discussion of clinical case summary submitted with application
 - a. Diagnostic process including medical rule out
 - b. Assessment approach and considerations
 - c. Psychotherapy considerations, approach, complications, and response
 - d. *Positive Environment*. Role of environment in clinical considerations and recommendations for changes
4. Discussion of case vignette presented just prior to interview
 - a. Applicant will be asked to present a case formulation
 - b. Applicant should be prepared to present a treatment plan
 - c. Respond to questions about case formulation and treatment plan
5. Review expectations, procedure, and timetable for certification process

Scoring and Evaluation

For both the work sample and interview, the applicant's competence in each of the five competency areas (Positive Environments; Psychotherapy; Psychopharmacology; Ruling Out Medical Issues; and Assessment) will be evaluated using the following scale:

- 0 = No evidence of competence in this area of Best Practice
- 1 = Insufficient evidence of competence in this area of Best Practice
- 2 = Evidence of baseline competence in this area of Best Practice
- 3 = Evidence of a high level of competence in this area of Best Practice

Candidates are required to demonstrate at least a baseline level of knowledge (a score of at least 2) in all competency areas. In the event that the two examiners cannot agree upon whether the candidate achieved a passing score (2-3) or a failing score (0-1), the examiner from the same discipline as the candidate shall make the decision.

The candidate will receive a copy of his or her score sheets, which will provide feedback regarding perceived areas of competence.

COST

The cost of the NADD Competency-Based Certification is \$375.00. A non-refundable application/exam fee of \$375.00 must accompany the application package.

The NADD Competency-Based Certification is good for two years. The renewal cost is \$100.00.

CONTINUING CERTIFICATION

Requirements to Maintain Clinical Certification

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

- Maintain his or her NADD membership.
- Renew his or her certification every two years. This includes meeting the ongoing education and training requirement (see below) and paying the renewal fee.
- Continue practice in an ethical manner (see below for the procedure for Complaints Against NADD-Certified Clinicians).

Renewing Certification

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

Approximately three months before the clinician's certification is scheduled to expire, NADD will send the clinician 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 certified clinicians shall obtain 10 hours of ongoing education and training every 2 years in areas related to Mental Wellness and Mental Health for persons with IDD. The competency areas listed previously are potential content areas for this ongoing education, but 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,

All certified clinicians shall obtain 10 hours of ongoing education and training every 2 years in areas related to Mental Wellness and Mental Health for persons with IDD.

teleconferences, or web based learning are all acceptable. Providing training on this topic to others or publishing on this topic is also acceptable for this purpose.

One hour of ongoing education and training is equivalent to 60 minutes of instructional time, exclusive of

breaks, lunches, or homework time. Providing training on appropriate topics will earn ongoing education and training hours for the purpose of continuing certification at a rate of twice the clock hours involved in presenting the training. For example, the clinician providing a 60 minute acceptable training would earn two hours of ongoing education and training credit. An article in a professional journal or a chapter in a published book that is on an appropriate topic may count as 10 hours of training. The article or chapter must have been published within the last two years (i.e., since either the applicant originally received or most recently renewed his or her NADD Competency-Based Clinical Certification).

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. Information about the location, sponsor, topic of training, date, may be submitted as verification of training offered. Publication information such as publication date, book or journal name, article or chapter title, and page numbers may serve as verification of publication.

CONDITIONS THAT MAY RESULT IN CERTIFICATION REVOCATION

The NADD Clinical 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 Clinicians)

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

Once a certification has been revoked, a clinician who desires NADD certification would need to re-apply as though this were a new application, including submitting portfolio, curriculum vitae, letters of support, work sample, and interview. A clinician 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 CLINICIANS

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

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

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

Competency Standard 1: Positive Behavior Support and Effective Environments

Competency Standard 2: Psychotherapy

Competency Standard 3: Psychopharmacology

Competency Standard 4: Assessment of Medical Issues

Competency Standard 5: Assessment

Appendix B: Application Form

Appendix C: Work Sample Guidelines

Appendix A
Competency Areas

**COMPETENCY STANDARD 1:
Positive Behavior Support and Effective Environments**

OVERVIEW

Positive Environments is a term that reflects the emphasis of the field of Positive Behavior Support (PBS). Individuals with dual diagnosis often have multiple factors effecting the presentation of their challenging behaviors (i.e., symptoms). While PBS cannot cure underlying biological bases for mental illnesses, it has been shown that it can reduce the behaviors of concern for those who have mental health conditions. PBS does this by first identifying those factors that predict and trigger challenging behaviors (e.g., those environmental variables that cause heightened anxiety; the presentation of a request to engage in an activity that is considered aversive by the person). This process is called Functional Behavioral Assessment. First, PBS interventions are targeted to those identified variables to design positive environmental conditions that reduce, remove, or modify those variables known to trigger challenging behaviors. The Functional Behavioral Assessment also identifies the function, or purpose of the challenging behavior. Intervention also focuses on teaching the individual a more socially acceptable behavior that will serve the same purpose as the problem behavior (e.g., requesting to leave a situation that provokes high anxiety, rather than resorting to aggression to be allowed to escape that situation). PBS includes Applied Behavior Analytic perspectives and interventions.

The primary goal of PBS interventions is to improve the quality of life of the individual so that he or she can experience: (a) positive relationships with others, (b) a sense of personal agency through experiencing sufficient choice and control in their life, (c) positive status for positive contributions, and (d) improving competence in managing their daily life. The PBS approach includes direct educational strategies to help teach individuals the skills needed to achieve these quality of life goals. Creating positive environments also includes arranging the social environment so that caregivers reinforce pro-social behaviors and eliminate reinforcement for the challenging behaviors. PBS always eschews the use of aversive procedures as punishment, but may include those restrictive procedures necessary to protect the individual or others in a crisis situation.

AREAS OF KNOWLEDGE AND SKILL

The following areas of knowledge and skill have been identified as benchmarks for satisfying Competency Standard 1: Positive Behavior Support and Effective Environments.

Benchmark 1A: Performing a comprehensive functional behavioral assessment

Benchmark 1B: Understanding positive intervention practices

BENCHMARK 1A: Assessment Practices

The qualified clinician demonstrates knowledge about the factors involved in performing a comprehensive functional behavioral assessment that addresses all relevant aspects of the person's social environment and those aspects of their internal/ physiological (medical and mental health disorders and rule-out conditions) into an assessment of the predictors and reasons (functions) for problem behavior.

Benchmark 1A Performance Indicators

In the area of Assessment Practices, the qualified clinician:

- Demonstrates the ability to operationally define the problem behaviors and assess their frequency and intensity/severity.
- Demonstrates use of data and other data collection methods (informant interviews, record reviews, observation, etc.) in order to identify the setting and antecedent factors that appear to predict the problem behavior(s).
- Describes the potential multiple causes of challenging behaviors.
 - Demonstrates an understanding of medical or mental health disorders that may act as setting events and/or antecedents, and prescribes actions needed to rule out potential medical/mental health conditions, if relevant.
 - Understands and recognizes Behavioral Phenotypes (characteristic behaviors associated with genetic syndromes), when relevant.
 - Differentiates differentiate internal vs. external triggers to behavior (i.e., Respondent vs. Operant process; e.g., trauma

issues, anxiety disorders, etc. vs. task demands), when relevant.

- Communicates the results of the functional behavioral assessment clearly in written form (e.g., in a Summary Statement or similar form).
- Includes the person and all other relevant stakeholders in the assessment process and in the planning for behavior supports.

BENCHMARK 1B: Positive Intervention Practices

The qualified clinician demonstrates skill in planning and carrying out Positive Intervention Practices.

Benchmark 1B Performance Indicators

In the area of Positive Intervention Practices, the qualified clinician:

- Makes clear how the behavior support strategies are based on the results of the functional behavioral assessment.
- Creates a comprehensive (multi-component) treatment plan for the person.
 - Identifies needed social/emotional and other quality of life supports for a person and integrates them into a treatment plan.
 - First identifies strengths and works from a strength-based, individualized, and Person-Centered perspective.
 - Utilizes specific procedures that will prevent the challenging behavior, drawn from the antecedent events identified in the functional assessment.
 - Plans how identified triggers and setting event factors will be avoided, minimized or modified in order to reduce the likelihood of the challenging behavior(s).
 - Identifies environmental adaptations/ supports for the person.
 - Identifies needed medical and mental health evaluations and/or supports/ treatments for the person.
 - Understands the role of communication and communication disorders in supporting persons with ID/MI.

- Identifies instructional/skill building supports for the person to address identified skill deficits and to teach functionally equivalent replacement behaviors.
- Identifies specific consequence strategies to reinforce positive behaviors, including the replacement behavior and avoiding or minimizing the reinforcement of problem behavior.
- Identifies crisis management procedures to use in case the person engages in problem behavior.
- Demonstrates an understanding of the developmental stage of the person and prescribes strategies that are developmentally appropriate for the person (i.e. not setting expectations too high or too low for the person's current abilities).
- Avoids relying on restrictive procedures, and if necessary for protection from harm, uses the least restrictive procedure necessary to insure protection.
- Eschews aversive (procedures that cause physical pain or emotional distress) and demeaning procedures (i.e., demeaning or dehumanizing—for a teen or adult, using techniques commonly used with children; being overly controlling, etc.
- Demonstrates knowledge of the professional literature on the use of Positive Behavior Supports (e.g., by the AAIDD, APBS, The Arc, or other state/province and local organizations).
- Demonstrates knowledge of lifespan and development as related to positive environments.

References:

Positive behavior support for people with developmental disabilities: A research synthesis. By Edward G. Carr, Robert H. Horner, et al., 1999 - The Research and Training Center on Positive Behavioral Support. Washington, D.C.: American Association on Mental Retardation Monographs.
APBS Standards of Practice, Association for Positive Behavior Support Website, at: http://www.apbs.org/standards_of_practice.html

COMPETENCY STANDARD 2: Psychotherapy

OVERVIEW

Psychotherapy is an intentional relationship between a trained professional (therapist) and client with the express purpose of improving the client's mental health or helping the client better cope with emotional problems or problems of living. This arrangement can be undertaken by an individual, a couple, a family or a group. It is a special relationship between client(s) and a professional, who is trained and credentialed within his/her own discipline to provide non-medical treatment of mental and emotional problems.

AREAS OF KNOWLEDGE AND SKILL

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

Benchmark 2A: Psychotherapy Assessment

Benchmark 2B: Plan for Psychotherapeutic Intervention

BENCHMARK 2A: Psychotherapy Assessment

The qualified clinician demonstrates a comprehensive assessment strategy that addresses the full array of factors that may be relevant to the individual's clinical presentation. In broad terms, the clinician gives thought to the following three key domains: (1) Bio/Medical; (2) Psychological; and (3) Social/Family.

Benchmark 2A Performance Indicators

In the area of Psychotherapy Assessment, the qualified clinician:

- Considers Bio/Medical factors
 - Suspected or Known Medication Side Effects
 - Suspected or Known Medical Illness
 - Suspected or Known Medical Conditions, including, but not limited to, the following conditions commonly associated with

behavioral/psychiatric presentation: seizure disorders or pre-seizure irritability, sleep apnea, otitis media, blocked shunt, migraine headaches, menstrual/premenstrual problems, dental problems, and thyroid problems.

- Considers Psychological factors
 - Premorbid Personality
 - History of Presenting Problem/Symptom
 - Communication Difficulties
 - Life Events/Stressors: phase-of-life change; loss of significant other; abuse; rejection; victimization; accidents, illness, disability.
- Considers Social/Family factors
 - Family Structure/System Dynamics
 - Bereavement/Loss
 - Change: some common examples include: a new boss, a new group home manager, new work assignment, a move, a sibling getting married.
- Communicates the results of the assessment in written form (e.g., in a Summary Statement or similar form)
- Includes the person and all other relevant stakeholders in the assessment process.

BENCHMARK 2B: Plan for Psychotherapeutic Intervention

The qualified clinician demonstrates skill in planning for psychotherapeutic intervention.

Benchmark 2B Performance Indicators

In the area of planning for psychotherapeutic intervention, the qualified clinician:

- Identifies what assessment tool(s) were used in the development of the plan.
- Provides a diagnosis or diagnoses, if appropriate, and indicates how they are supported by assessment findings.
- Makes clear how the proposed therapy relates to the assessment.
- Provides a rationale for his or her choice of therapeutic intervention that evidences awareness of the individual's needs as well as strengths.

- Notes the need for referral to other services, in addition to psychotherapy, that might be critical to the individual's maximal well-being (for example, social support through recreational services, or evaluation by a psychiatrist for medication issues).
- Notes the need for reporting of suspected abuse, where indicated.
- Recognizes the possible need for multi-modal intervention (for example, the use of a positive behavioral support plan including training for caregivers, along with individual or group psychotherapy).
- Notes possible suicide risks where relevant.
- Demonstrates knowledge of lifespan and development as related to psychotherapeutic intervention.

References:

- Bradley, E. & Burke, L. (2002). The mental health needs of persons with developmental disabilities. In D.M. Griffiths, C. Stavrakaki, & J. Summers (Eds.), *Dual diagnosis: An introduction to the mental health needs of persons with developmental disabilities* (pp. 45-79). Ontario, Canada: Habilitative Mental Health Resource Network.
- O'Hara, J. (2007). Inter-disciplinary multi-modal assessment for mental health problems in people with intellectual disabilities. In N. Bouras & G. Holt (Eds.) *Psychiatric and behavioral disorders in intellectual and developmental disabilities* (pp. 42-61). Cambridge, UK: Cambridge University Press.
- Summers, J., Stavrakaki, C., Griffiths, D.M., & Cheetham, T. (2002). Comprehensive screening and assessment. In D.M. Griffiths, C. Stavrakaki, & J. Summers (Eds.), *Dual diagnosis: An introduction to the mental health needs of persons with developmental disabilities* (pp. 151-192). Ontario, Canada: Habilitative Mental Health Resource Network.

COMPETENCY STANDARD 3: Psychopharmacology

OVERVIEW

Pharmacotherapy is most commonly thought of as a form of treatment that involves medications and other biologically active compounds. Psychopharmacology refers to the use of drugs that affect the central nervous system in the treatment of both challenging behaviors and psychiatric disorders. Psychotropic drugs are usually classified in terms of their mechanism of action (serotonin reuptake inhibitors) or condition specificity (antidepressants or mood stabilizers). In general the effectiveness of a drug can be assessed based on best practices or evidence-based criteria. Best practices are those that are judged by fellow prescribers, experts and clinical practice as effective. Some of these standards may not meet the level of well designed randomized controlled double blind studies required for evidence-based medical criteria. A second issue is whether a drug is approved by the Food and Drug Administration (FDA). This is a long process that requires demonstrating the safety and efficacy of a new drug. The manufacturer seeks approval or indication for a specific syndrome (depression) or function (irritability among individuals with autism). For persons with IDD, there are many drugs that are not approved for a specific indication by the FDA. Their use is based on community best practices or in some circumstances randomized controlled trials demonstrating their efficacy for a particular indication.

Informed consent is required in order to prescribe a drug to an individual. For individuals who are legally competent to make medical decisions this requires a thorough discussion of what the drug is being used for, efficacy, and safety of use and a review of pertinent side effects. For a person adjudicated as incompetent, informed consent requires approval by the guardian or parent for a minor. Assent by the recipient of the drug is needed in research studies and when possible before the medication is given.

AREA OF KNOWLEDGE AND SKILL

The following area of knowledge and skill has been identified as a benchmark for satisfying Competency Standard 3: Psychopharmacology.

BENCHMARK 3: The Use of Psychotropic Medication

Psycho-pharmacotherapy is adjunct to already established therapies. These include behavioral, family, and individual psychotherapy. When possible, medications should be used in a time limited basis and polypharmacy minimized. Drug selection should be based on the best available evidence (FDA approved indications), best practice standards for that drug, and a careful risk -benefit analysis.

Benchmark 3 Performance Indicators

The qualified clinician should demonstrate working knowledge of the following elements in their consideration of the use of psychopharmacological intervention.

- A thorough past and current medical history; medical, neurological, mental status examination, baseline laboratory studies, and neuro-diagnostic testing when appropriate. These studies should be repeated on at least a yearly basis if there are no adverse medication effects.
- Effective drug monitoring requires the integration of the psychiatric assessment, functional behavioral analysis, and information from family, caregivers, and other sources to monitor response. Decisions regarding efficacy should be based on a combination of rating scales, clinical assessment by the prescriber, and data-driven monitors of selected target symptoms.
- Side effects assessment by a trained clinician, considering appropriate serum drug levels, laboratory monitors of potential adverse drug effects (liver, cardiac, neurological and renal complications). Drug-drug interactions should be reviewed with team members and polypharmacy should be kept to a minimum. This includes non psychotropic medications by other physicians or health care providers.
- A mechanism for timely communication and action plan for dealing with adverse medication side effects. Life threatening side effects should be treated as a medical emergency or

reviewed as soon as possible by the prescriber or team nurse. Any side effects, additional assessment, and treatment plan should be recorded in the progress notes.

- Based on ICF-MR regulations, the treatment team is required to review all psychotropic medications at regular and emergency team meetings. The team should discontinue or replace ineffective medications, those with significant adverse events, and determine the risk-benefits of continued use of an effective medication. For persons with severe mental disorders such as bipolar disorders, recurrent depression, or schizophrenia this decision should be based on the severity of symptoms, outcome of past attempts, and understand the risk factors for relapse and loss of drug effects with more frequent episodes.
- Ineffective medications should be tapered under close supervision. Cross tapers include a protocol for replacing ineffective drugs. This process should also be data driven either through the behavioral plan or based on ongoing assessment and measures of efficacy. Because many medication side effects can mimic symptoms of a mental disorder or create an exaggeration in existing baseline rates of target behaviors the team should be vigilant to unexpected changes.
- Demonstrates knowledge of lifespan and development as related to use of psychopharmacological intervention

References

- Alcino J. Silva, Dan Ehninger (2009). Adult reversal of cognitive phenotypes in neurodevelopmental disorders. *Journal of Neurodevelopmental Disorders*, 1(2), 150-157. Published online 2009 June 17.
- Bostic JQ, Rho Y (2006). Target-Symptom Psychopharmacology: Between the Forest and the Trees, *Child Adol Psychiatric Clin North Amer* 15(1): 289-301.
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- King BH, Bostic JQ (2006). An Update on Pharmacological Treatments for Autism Spectrum Disorders. *Ch and Adol Psychiatric Clin North Amer* 15(1):161-76.
- McDougle CJ, Posey DJ. Autistic and Other Pervasive Developmental Disorders. In Martin A, Scahill L, Charney DS, Leckman JS (Eds) *Pediatric Psychopharmacology: Principles and Practice*, 2003, New York: Oxford Univ Press, pp563-579.
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- Snyder S (2002). Forty Years of Neurotransmitters. *Arch Gen Psychiatry*, 59 (11): 983-994.
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- Williams K, Wheeler DM, Silove N, Hazell P (2010). Selective serotonin reuptake inhibitors (SSRIs) for autism spectrum disorders (ASD). *Cochrane Database of Systematic Reviews* (8): CD004677

COMPETENCY STANDARD 4: Assessment of Medical Issues

OVERVIEW

The brain behavior relationships that underlie both challenging behaviors and mental disorders are intimately connected to physical health and well-being. Medical illness can have a profound effect on brain functioning. These effects include: delirium (brain failure); worsening of pre-existing mental status change; target symptoms; or psychiatric symptoms; and emergence of new patterns of behavior that mimic mental disorders. Medication side effects or iatrogenic causes can create similar problems. The differential diagnosis of these complications can require an extensive medical or neurological workup.

Being aware of these conditions can improve the quality of life for many individuals with IDD. It can also be helpful in minimizing psychiatric misdiagnosis and inappropriate pharmacotherapies.

The candidate may be the first to encounter such changes and needs to be able to recognize common medical/neurological sources of mental status change. The medical provider in concert with the treatment team can use this information to begin the clinical assessment, refer to an outside specialist or in the case of an emergency refer for acute medical care.

AREAS OF KNOWLEDGE AND SKILL

The following areas of knowledge and skill have been identified as benchmarks for satisfying Competency Standard 4: Assessment of Medical Conditions

BENCHMARK 4: Assessment of Medical Issues

The qualified clinician demonstrates knowledge about the connection between physiological or neurological disorders and behavioral problems or psychiatric symptoms.

Benchmark 4 Performance Indicators

The qualified clinician:

- Understand that medical and neurological disorder can mimic any primary mental disorder
- Demonstrate knowledge of common causes of cognitive/behavioral changes or the intensification or emergence of symptoms similar to those seen in primary mental disorders, including:
 - Rapid changes in level of consciousness behavior can occur in association with a seizure, stroke or brain injury. It is important to be aware of a history of past seizures, current seizure medications, and side effects of these drugs. Abrupt changes can be related to stroke or intra-cerebral bleeding. A recent head injury, past history of stroke, paralysis, difficulty understanding or speaking, disorientation, and confusion are common symptoms. Brain tumors are rare but shunt failure in someone with hydrocephalus or degenerative disorders such as Parkinson's may present over an extended period of time
 - Elevated blood sugar and diabetic ketosis, electrolyte problems, acute oxygen deprivation and liver failure are suspected when an individual has a current history of diabetes, kidney problem, liver disease, and chronic lung disease.
 - Older individuals with Alzheimer's, vascular (stroke-related), and other types of dementia are at increased risk for agitation, aggression, and acute onset of psychosis. Vitamin B12 and folic acid deficiencies are associated with dementia, mood and anxiety disorders, and psychosis in some extreme cases.
 - Thyroid and other endocrine disorders can present with the gradual onset of mood and anxiety related symptoms. Lethargy, depressed mood, and loss of interest in activities due to hypothyroidism are common and may be exacerbated by some medications like lithium. Premenstrual changes in mood and

behavior can be particularly vexing to sort out and the cyclical changes in symptoms can be mistaken for bipolar disorder or recurring depression.

- Sleep apnea can contribute to chronic mood and cognitive disorders, high blood pressure, worsening diabetes, and heart disease. Obesity and anatomical changes seen in Down syndrome are risk factors. Children with enlarged adenoids and tonsils can also present with sleep apneas as well as worsening of hyperactivity, agitation, irritability, and in some situations increased self-injury and aggression.

The candidate is not expected to make diagnoses but to have an elevated index of suspicion for their presence. These observations and suspicions should be raised with the treatment team and appropriate work up put in motion. The most common medical complications are generally due to polypharmacy, medication side effects, or errors in dosing.

References

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- Williams K, Wheeler DM, Silove N, Hazell P (2010). Selective serotonin reuptake inhibitors (SSRIs) for autism spectrum disorders (ASD). *Cochrane Database of Systematic Reviews* (8): CD004677

COMPETENCY STANDARD 5: Assessment

OVERVIEW

Clinical Assessment is an examination into a person's mental health conducted by a professional who is trained and credentialed within his/her own discipline with the purpose of arriving at a mental health diagnosis or arriving at a formulation of a person's problems. The expected outcome of a clinical assessment is to recommend relevant treatment, intervention and supports consistent with the findings of the examination.

AREAS OF KNOWLEDGE AND SKILL

The following areas of knowledge and skill have been identified as benchmarks for satisfying Competency Standard 5: Assessment.

Benchmark 5A: Recognizing the challenges of making an accurate assessment in individuals with co-occurring intellectual disability and mental illness.

Benchmark 5B: Knowledge of tools/instruments and strategies for making an accurate assessment in individuals with co-occurring intellectual disability and mental illness

Benchmark 5C: Understanding of the uses of assessment.

BENCHMARK 5A: Recognizing the Challenges of Making an Accurate Assessment

Benchmark 5A Performance Indicators

In the area of Challenges of Making an Accurate Assessment, the qualified clinician:

- Recognizes the special challenges in clinical assessment of individuals with intellectual disability and understands that limited communication and information processing problems will affect individuals' ability to self-report.

- Utilizes appropriate strategies to assess an individual who has limited verbal ability or who is non-verbal.
- Demonstrate an ability to include information from observation, direct assessment of the individual, and collateral sources of information into his/her assessment protocols.
- Demonstrate an appreciation of cultural factors impacting upon the assessment process.
- Demonstrate an appreciation of the multi-disciplinary nature of comprehensive clinical assessment.

BENCHMARK 5B: Knowledge of Tools/Instruments and Strategies

Benchmark 5B Performance Indicators

In the area of Tools/Instruments and Strategies, the qualified clinician:

- Demonstrate a working knowledge of the *DM-ID*.
- Demonstrate knowledge of specific tools/instruments and strategies that have been used in examination of individuals with intellectual disability.
- Understands the limitations in using tools/instruments and strategies that are used for the general population and have not included individuals with intellectual disability within the normative sample.
- Can identify an instrument or strategy to identify children (or adults) as being on the spectrum and is aware of the tools that are used for early identification of spectrum disorders.

- Can identify at least one test used to assess emotional functioning developed for individuals with intellectual disability and mental health needs.
- Can identify at least one adaptive behavior screening used to profile adaptive skills for our population of interest.
- Can identify at least one tool/instrument/strategy used to identify cognitive decline in individuals with intellectual disabilities suspected as having dementia.

BENCHMARK 5C: Understanding the Uses of Assessment

Benchmark 5C Performance Indicators

In the area of Uses of Assessment, the qualified clinician:

- Understands how guardianship status is assessed in persons with intellectual disability and mental health needs.
- Can identify other special instances in which clinical assessment of individuals with intellectual disability might be requested, including:
 - Forensic assessment
 - Eligibility for entitlements
 - Competency
 - Treatment recommendations
 - Recommendations for level of support

References

Finlay, W.M.L; Lyons, E. Methodological issues in interviewing and using self-report questionnaires with people with mental retardation, *Psychological Assessment*, Vol 13(3), September 2001, 319-335.

Simeonson, R.J.& Rosenthal, S.L. (Eds.) (2001) Psychological and Developmental Assessment of Children with Disabilities and Chronic Conditions. NewYork: Guilford Press.

Appendix B

The NADD Competency-Based Clinical Certification Program

Application Form

I. Personal Information

Name: _____

Address: _____

City/State(Province)/Zipcode _____

e-mail: _____

Daytime phone: _____

Cell phone: _____

Home phone: _____

NADD Membership

Are you an individual member of NADD? Yes No

NADD Membership Number: _____

Does your organization have a NADD organizational membership? Yes No

NADD Organizational Membership Number: _____
(If you do not know, contact NADD office.)

II. License or Credential to Practice

You must have (1) a state or provincial license as indicated below, or (2) a credential from a professional governing body entitling you to practice in your discipline, or (3) hold a Master's degree in a related field or be a Registered Nurse. Please select from the list below, and provide the requested information about which state, province or professional governing body issues the license or credential, the license or credential number, and its expiration date.

1. **License.** I hold the following state or provincial license (*Please attach a copy of your license or certification.*):

- Doctoral level psychologist (Ph.D., Psy.D., Ed.D.)
- Physician
- Licensed Clinical Social Worker
- Master's level Mental Health Counselor
- Master's level Marriage & Family Counselor
- Master's level Addictions Counselor
- Physician's Assistant, Advanced Practice RN, or Nurse Practitioner (or clinical equivalent). Please specify: _____
- Other, please specify: _____

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

- Board Certified Behavioral Analyst (BCBA)
- Applied behavior Analyst
- Other, please specify _____

3. **Master's in Related Field or R.N..**

- I hold a Master's degree in a related field*.
Specify: _____
- I am an RN* (please provide license information above)

(*On a separate page, please provide details of your work with individuals who have a dual diagnosis.)

License/Credential Information:

State or Province: _____

License Number: _____

Professional Governing Body: _____

Credential/Number: _____

Expiration Date: _____

III. Experience

You must have 5 years of experience in support of persons with intellectual disabilities and mental health issues. This can include internships and externships. For applicants with a related Master's degree or an RN, 7 years is required.

How many years of experience do you have working with persons with intellectual disabilities and mental health issues? _____

Experience confirmation:

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

Organization/Place Worked: _____

Address: _____

Dates worked: _____

Contact person (supervisor): _____

Phone: _____ email: _____

Organization/Place Worked: _____

Address: _____

Dates worked: _____

Contact person (supervisor): _____

Phone: _____ email: _____

Organization/Place Worked: _____

Address: _____

Dates worked: _____

Contact person (supervisor): _____

Phone: _____ email: _____

Organization/Place Worked: _____

Address: _____

Dates worked: _____

Contact person (supervisor): _____

Phone: _____ email: _____

Organization/Place Worked: _____

Address: _____

Dates worked: _____

Contact person (supervisor): _____

Phone: _____ email: _____

Please attach your curriculum vitae.

IV Ethical Behavior

Have you ever been convicted of a crime? Yes No

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

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

On a separate page, please provide the details of any past or pending lawsuits or disciplinary events.

Affirmation of
Ethical Behavior

All candidates for the NADD Competency-Based Clinical Certification are required to affirm their commitment to ethical professional behavior.

Most disciplines, through their professional disciplinary association, have a Code of Ethics to which members are committed to follow. For example, social workers may be members of the National Association of Social Workers (NASW), and NASW has a clearly articulated Code of Ethics. Similarly, psychologists may be members of the American Psychological Association and psychiatrists may be members of the American Psychiatric Association, both of which have clearly articulated Codes of Ethics. Canadian professionals are similarly bound by their respective professional associations.

By my signature, I affirm that:

I uphold the Code of Ethics of my disciplinary association

Discipline: _____ Disciplinary Association _____

Signed: _____ Date: _____

Principles

All candidates for the NADD Competency-Based Clinical Certification commit themselves to the following principles:

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

By my signature, I affirm that:

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

Signed: _____ Date: _____

Application should be mailed to:

NADD Accreditation & Certification Programs
132 Fair Street
Kingston, NY 12401-4802

Payment method:

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

Please charge my credit card MasterCard VISA Discover

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

Exp. Date: _ _ / _ _ Signature:

Appendix C

Work Sample Guidelines

Work Sample Outline

- I. Introduction (.5 page)
- II. Biopsychosocial approach (.5 page)
- III. Formulation of problem(s) (.5 page)
- IV. Structure of therapy (.5 page)
- V. Course of Treatment (1 page)
- VI. Termination and treatment outcomes (.5 page)
- VII. Reflections on issues within therapy or ethical concerns (.5)
- VIII. How was clinical approach informed by an understanding of intellectual disability or dual diagnosis? (.75 page)
- IX. Citation of two works (2 journal articles, 2 books, 1 article and 1 book) (.25 page)

The work sample should be no more than 5 pages double-spaced and should be in APA style. The work sample should include the following elements:

- The initial portion of the sample should include:
 - Identifying information regarding the person that presents person's characteristics
 - Description of the practice setting (private practice, clinic, etc.)
 - Referral information: John Doe was referred for counseling by XXX in order to address signs and symptoms of depression; John Doe was self-referred to develop his coping with the recent death of his mother, etc.
 - A brief description of the clinician's theoretical orientation and how it is tied into the approach to counseling.
- Relevant Background information including the nature of the individual's intellectual and/or developmental disability as these might impact upon the treatment arrangement or format for work. Relevant biopsychosocial background should be noted. For instance, was the individual previously diagnosed with a mental health disorder and on a therapeutic medication regimen when began therapy? Has the individual had previous experience with therapy? Has the individual been previously hospitalized?
- Framework for therapy
 - How is the applicant conceptualizing the presenting problem?

- How treatment was structured including the length and type of treatment (e.g. once-weekly individual supportive psychotherapy)
 - What techniques will be used, rationale for choice of approach, response by the individual?
 - The development of a treatment contract
- Characterize the course of the treatment. Landmark “events” or salient issues that arose during the course of the treatment and how these were addressed within treatment. Was the individual hospitalized or go into crisis during the course of treatment?
- Ethical issues that arose and how these were addressed during treatment
- What was the reason for termination (if the case is closed) and how was termination handled?
- Any reflection regarding the unique challenges of the individual in terms of intellectual disability or other developmental disorder that affected the course of treatment? In other words, were there any modifications/adaptations in approach, use of assignments, etc. that would characterize this as a specialty practice?
- Citation of at least two journal articles within the past 5 years regarding treatment of individuals with dual diagnosis.

Appendix D

**NADD Competency Based Clinical Certification Program
Letter of Recommendation Directions**

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

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

Dear Reference Person:

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

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