

Competency Standards

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

Overview

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

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

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

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

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

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

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

Competency Standard 1: Assessment and Observation

Competency Standard 2: Behavior Support

Competency Standard 3: Crisis Prevention and Intervention

Competency Standard 4: Health and Wellness

Competency Standard 5: Community Collaboration and Teamwork

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

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

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

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

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COMPETENCY STANDARD 1: ASSESSMENT AND OBSERVATION

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

OVERVIEW

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

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

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

The qualified DSP is knowledgeable of both formal and informal methods of assessments. The DSP daily assesses individuals in many areas. These include health, safety, and functional life skills. They include behavior, emotional state, response to medication, and signs of crisis. They include personal desires, goals, and communication. The qualified DSP shares assessments appropriately with other members of the treatment and support team.

AREAS OF KNOWLEDGE AND SKILL

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

Benchmark 1A: Knowledge of Assessment and Observation Process

Benchmark 1B: Use of Assessment and Observation Tools

Benchmark 1C: Behavioral Assessment

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

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

BENCHMARK 1A: Knowledge of Assessment and Observation Process

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

Benchmark 1A Performance Indicators

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

1. Explains the importance and function of assessment in planning and providing quality services.
2. Identifies and describes common assessment methods and observational techniques.
3. Explains how mental health challenges may affect assessment of a person with an intellectual disability.
4. Identifies and describes common classifications of intellectual disabilities and the potential impact on assessment.
5. Describes the assessment methods of current health, emotional, social, and behavioral state of persons served that are specific to their employer.
6. Describes when, how, and with whom to share assessment information with others.
7. Assures confidentiality of assessment and observation information and is aware of agency's confidentiality policies about sharing information.
8. Provides examples of potential cultural bias in assessment and describes how to compensate for these.

BENCHMARK 1B: Use of Assessment and Observation Tools

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

Benchmark 1B Performance Indicators

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

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

BENCHMARK 1C: Behavioral Assessment

The qualified DSP recognizes behavior as a form of communication. The DSP demonstrates proficiency in observing and recording behavior. The DSP is able to summarize and analyze behavioral assessment information. The qualified DSP collaborates in the planning and implementation of interventions and services aimed at increasing desirable behavioral skills.

Benchmark 1C Performance Indicators

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

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

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

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

Benchmark 1D Performance Indicators

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

1. Documents observations accurately and objectively in clear, measurable terms.
2. Describes and documents symptoms, signs, and related behaviors of both intellectual disabilities and mental health disorders accurately.
3. Observes and records behavior related to medication management clearly and consistently.
4. Reports and documents risks to individual health and safety promptly.
5. Communicates and documents information in a professional and culturally-sensitive manner.
6. Records and reports observations/assessment information as an active member of the treatment team in a clear and organized manner.
7. Discriminates between essential and non-essential information and reports only and all essential information when documenting or communicating.
8. Adjusts communication styles to meet the needs of individuals, family members, and professionals.

COMPETENCY STANDARD 2: BEHAVIOR SUPPORT

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

OVERVIEW

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

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

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

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

AREAS OF KNOWLEDGE AND SKILL

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

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

Benchmark 2B: Maintaining a Supportive Physical and Social Environment

Benchmark 2C: Responding to Challenging Behavior

Benchmark 2D: Teaching New Behaviors and Skills

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

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

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

Benchmark 2A Performance Indicators

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

1. Uses observation and communication with individuals to identify purpose or function of challenging behavior.
2. Recognizes when formal functional assessment would be helpful and advocates for one as necessary with team.
3. Participates in formal functional behavior assessment as requested.
4. Collects ongoing data consistently and accurately regarding behavior as requested.
5. Gives examples of how common mental health disorders and IDD may trigger or contribute to challenging behavior.
6. Gives examples of how physical and medical conditions (acute and chronic), including seizure disorders, brain injury and medication side effects can trigger or contribute to challenging behavior.
7. Gives examples of how the characteristics of autism spectrum disorders and/or sensory processing disorders can trigger or contribute to challenging behavior.
8. Gives examples of how barriers to communication, cognitive flexibility, planning, and impulse control can influence behavior.
9. Gives examples of how behavior is defined by culture and can influence the perception of appropriateness (e.g., eye contact, voice tone, personal space, etc.).
10. Uses observation and analysis of behavior to differentiate the signs and symptoms of common syndromes and disorders from symptoms of mental health conditions.
11. Gives examples of how support of or lack of choice and control may influence behavior.
12. Identifies the specific syndromes or disorders that influence behavior control for the individuals he or she supports.

13. Identifies cultural patterns and influences that may influence the perception of appropriateness of behavior for the individuals he or she supports.
14. Uses results of functional assessments to identify supports that are likely to be successful in development of new behaviors.
15. Recognizes that abrupt or serious changes in emotions and behavior are potential signs of mental or physical health problems and informs appropriate people in a timely way.

BENCHMARK 2B: Maintaining a Supportive Physical and Social Environment

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

Benchmark 2B Performance Indicators

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

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

BENCHMARK 2C: Responds to Challenging Behavior

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

Benchmark 2C Performance Indicators

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

1. Deescalates challenging behavior by acting quickly to modify conditions (environmental, social, or others conditions) that may contribute to the behavior.
2. Recognizes the communicative intent of behavior and suggests or demonstrates alternative behavior that will help the individual meet needs in an appropriate ways.
3. Stays calm, focused, and supportive of the individual and his or her needs when engaging around challenging behavior.
4. Responds to challenging behavior in such a way that minimized reinforcement of the unwanted behavior and reinforces the use of desirable behavior related to the individual's motivation, as identified by formal or informal functional behavior assessment.
5. Follows treatment and behavior support plans as written and gives appropriate and timely feedback to plan writers regarding barriers and effectiveness.
6. Documents any incidents of challenging behavior in accordance with existing plans and policies. Follows documentation protocol for special incident reporting and contacts appropriate team member(s) or supervisor(s).
9. Is familiar with and engages crisis intervention and response plans when behavior is dangerous or has extreme consequences for the individual or others.
10. Ensures the safety of the individual and others when crisis behavior occurs.
11. Advocates for an effective crisis plan to be in place when a person has dangerous or serious behaviors.
12. Avoids physical management of people in behavioral crisis. Uses personal control techniques only when properly trained, when risk to safety is immediate and unavoidable and in accordance with employer policy and guidelines and all applicable laws and regulations.
13. Explains legal, ethical, and practical reasons why aversive procedures should not be used and reports any unauthorized or aversive procedures to appropriate persons.
14. Avoids the use of aversive techniques. Uses these only with explicit permission in a treatment plan that has been developed by a treatment team, been given informed consent, reviewed by all required committees and found compliant with all existing policies, regulations, and laws, and when there is clear evidence that there is no other effective response or prevention options that affect the behavior.

BENCHMARK 2D: Teaching New Behaviors and Skills

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

Benchmark 2D Performance Indicators

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

1. Uses basic principles of effective communication and teaching including clearly communicating expectations, checking for understanding, and adjusting styles to meet unique needs.
2. Identify incremental steps to behavior change and teaches and supports the next positive step for the person in behavior management.
3. Encourages people to define their own reasons and strategies for self-management of behavior rather than relying only on external consequences and guidance to maintain control.
4. Supports people in developing ability to identifying and use the likely natural consequences that follow behavior as a method of making behavioral decisions.
5. Uses formal or informal functional behavior assessment and person-centered planning to guide choices and methods skill development and reinforcement.
6. Takes steps to protect people appropriately from severe consequences of behavior, even if these are “natural consequences.”
7. Identifies and uses appropriate replacement behaviors for challenging behaviors.
8. Models appropriate behavior and interactions.
9. Uses reinforcement frequently, appropriately and positively.
10. Assists individuals in identifying new skills as an alternative to meet behavior function.
11. Uses techniques identified in a behavior support plan to develop new skills.
12. Tailors instruction and intervention strategies to address individual differences, preferences, goals, learning styles, and culture.
13. Uses the least restrictive effective approach to change behavior.

COMPETENCY STANDARD 3: CRISIS PREVENTION AND INTERVENTION

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

OVERVIEW

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

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

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

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

AREAS OF KNOWLEDGE AND SKILL

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

Benchmark 3A: Knowledge and Use of Crisis Prevention Strategies

Benchmark 3B: Knowledge and Use of Crisis Intervention Strategies

Benchmark 3C: Documentation and Communication Related to Crisis Situations

Benchmark 3D: Managing Stress and Burnout

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

Benchmark 3A: Knowledge and Use of Crisis Prevention Strategies

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

Benchmark 3A Performance Indicators

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

1. Obtains and reviews information about specific risk of crisis and methods of preventing and responding to crisis on the part of each person he or she supports prior to providing support. Asks questions as needed to ensure understanding.
2. Recognizes signs of increased agitation, risks of suicide, or indications of potential criminal or crisis behavior on the part of a person supported and takes steps to deescalate the situation effectively.
3. Engages with the person and full team in obtaining further assessment and planning if a crisis has occurred in order to identify the best prevention and response strategies.
4. Reviews each crisis (formally or informally) after the fact to consider their own behavior and environmental triggers, in order to improve future capacity to manage and prevent crisis.
5. Assists individuals in identifying and responding to potential catalysts to crisis, helping them identify signs and trends in their behaviors and strategies that stop or reduce crisis. Help them identify what others can do to support them in prevention and response.
6. Supports people in lifestyle choices that reduce vulnerabilities (exercise, sleep, food, therapy, support group, family time, relaxation, etc.).
7. Supports the person in identifying and learning alternative coping skills and for how to avoid or reduce triggers to crisis.
8. Maintains a positive environment that minimizes or eliminates triggers to crisis and prevents dangerous options per ethical and legal guidelines. (i.e., remove or lock up pills, knives, alcohol, etc.)
9. Uses treatment and crisis plans to guide responses when individuals experience loss, crisis, and challenging behavior.

10. Adjust daily support and expectations in order to prevent crisis when there are signs of increased needs of individuals at risk for crisis.
11. Assists and support coworkers and others in understanding crisis, behavior management, coping skills, and treatment planning.
12. Accepts and implements suggestions for improved ability to prevent and respond to crisis.
13. Seeks additional information and skills related to causes of crisis and crisis prevention on a regular basis and as needed.

Benchmark 3B: Knowledge and Use of Crisis Intervention Strategies

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

Benchmark 3B Performance Indicators

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

1. Recognizes when a situation has become unsafe or the person needs more assistance and takes steps to respond in a way that protects people.
2. Activates procedures identified in the crisis plan as described.
3. Describes how crisis may engage past trauma experiences and the person’s ability to process and respond to information and describes methods that may be effective in this situation.
4. Uses methods likely to reduce trauma and agitation including a calm gentle voice, a relaxed but attentive demeanor at a safe distance, allowing for maximum freedom of movement of the individual, validation of individual’s concerns or needs, and offers of help. Paces interventions so that the person has time to process.
5. Avoids methods that may increase trauma or agitation such as crowding the person, threatening the person with aversive consequences, yelling, panicking, demanding, dismissing the person’s concerns, touching or unnecessarily blocking the person from movement.
6. Uses non-physical interventions to control and/or protect individuals and others in a crisis situation whenever possible.

7. Identifies and utilizes appropriate contact information in crisis situations (i.e. community mental health services, 911 and hotline resources, etc.).
8. Provides crisis prevention/intervention education to first responders and emergency personnel regarding the individual's dual diagnosis.
9. Is prepared for contact with emergency personnel including complete medical and personal information, complete details of the incident, and preferences for treatment and intervention.
10. Works effectively with police officers and recognizes when and how to advocate for the individual when criminal justice systems are engaged.
11. Recognizes cultural and social factors may influence a person's trust and ability to comply with police and crisis intervention services and works with individuals to provide maximum safety of all involved if these interventions are necessary.
12. Identifies the function and importance of debriefing and actively encourages individuals to participate in debriefing sessions following a crisis.
13. Accompanies individuals to emergency room, psychiatric health facilities or other temporary placements as possible for comfort and to assist with determining appropriate course of action plans.
14. Promptly reports crisis to correct members of the support and treatment team.
15. Facilitates follow-up services while individuals are in other temporary placements as requested.

Benchmark 3C: Documentation and Communication of Crisis Situations

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

Benchmark 3C Performance Indicators

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

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

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

Benchmark 3D: Managing Stress and Burnout

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

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

COMPETENCY STANDARD 4: HEALTH AND WELLNESS

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

OVERVIEW

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

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

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

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

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

AREAS OF KNOWLEDGE AND SKILL

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

Benchmark 4A: Knowledge of Health and Wellness

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

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

Benchmark 4D: Illness Management and Recovery

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

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

Benchmark 4A: Knowledge of Health and Wellness

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

Benchmark 4A Performance Indicators

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

1. Uses effective infection control procedures when performing intimate care, cleaning, or when helping with food preparation or storage.
2. Recognizes signs and symptoms of infection or injury and responds appropriately.
3. Recognizes signs of seizure disorders and engages effective responses in the event of a seizure.
4. Recognizes signs of health crisis and obtains correct help in a timely way.
5. Identifies individual’s risks and strengths in the area of health and wellness and recovery.
6. Provides culturally appropriate support, consistent with the individual’s choices, perspectives, and expectations.
7. Identifies how stress, spirituality, grief and loss, trauma, social roles, and relationships influence the individuals and considers these components in planning and intervention strategies.
8. Incorporates the expectations of each individual’s identified support network in life planning.

9. Supports positive lifestyle options for good health, illness management and recovery (i.e. sufficient sleep, proper nutrition, regular physical activity, and stress management, etc.).
10. Encourages and assists individuals to be engaged in their own health maintenance in ways adapted to their abilities and understanding.
11. Provides health and wellness information and education to individuals as needed and adapted to needs and preferences.
12. Facilitates problem-solving and planning skills around life planning appropriate to the individual's abilities.
13. Assists individuals with scheduling medical and health-related appointments.
14. Attends health related appointments as needed and requested.
15. Prepares for health related appointments with objective information regarding behavior, responses, and related treatment issues.
16. Expresses concerns regarding health trends and provides updates regarding treatment plans and outcomes to the appropriate treatment team.
17. Obtains critical information from professionals by asking questions, being receptive to professional advice, and incorporating recommendations into treatment plans as needed.
18. Serves as a liaison between the individuals and health professionals to support individuals in having an active in their health and recovery activities.

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

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

Benchmark 4B Performance Indicators

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

1. Recognizes signs and symptoms of major mental health disorders (MI) including major depression, bipolar disorder, schizophrenia, anxiety disorders, and borderline personality disorder.

2. Identifies the effects of common intellectual and developmental disabilities (IDD) including: down syndrome, autism spectrum disorders, fragile X syndrome, spina bifida, cerebral palsy, traumatic brain injury, fetal alcohol spectrum disorders and unspecified or general intellectual disabilities.
3. Gives examples and describes ways in which a co-occurring IDD with MI and implications for services and supports.
4. Identifies for each individual he or she supports the effects of IDD/MI on their behavior, health, physical capacity, communication, judgment, impulse control, moods, and self-management.
5. Acknowledges and explores the role of trauma in the development or manifestation of mental health challenges.
6. Identifies a range of evidence-based treatment and support options for IDD or MI.
7. Implements best practice in support of people with IDD/MI.
8. Networks to locate practitioners who are knowledgeable and competent in the area of dual diagnosis and matches them with the individuals.
9. Recognizes a sudden appearance or increase in frequency, intensity, or duration of challenging behavior is often a sign of underlying physical or mental health problems and takes adequate steps to obtain assessment and care.

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

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

Benchmark 4C Performance Indicators

In the area of “medications” the qualified DSP:

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

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

Benchmark 4D: Illness Management and Recovery

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

Benchmark 4D Performance Indicators

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

1. Assists individuals to develop a person-centered recovery and illness management plan (e.g., WRAP).

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

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

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

Benchmark 4E Performance Indicators

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

1. Recognizes critical information to document and share with others.
2. Communicates information regarding health and behavior effectively and in a timely way to appropriate team members.
3. Follows the documentation requirements and guidelines of their state and agency/organization and records important information as it relates to individuals.
4. Maintains complete, objective and accurate documentation regarding current needs of each individual.
5. Monitors and records behavior patterns that are used to indicate signs of physical or mental health status.
6. Supports individuals in self-identifying and self-monitoring critical information.
7. Helps maintain a medical history that includes medications and treatments that have been ineffective or aversive.
8. Works with individual and families to develop medical and mental health advanced directives.

COMPETENCY STANDARD 5: COMMUNITY COLLABORATION AND TEAMWORK

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

OVERVIEW

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

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

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

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

AREAS OF KNOWLEDGE AND SKILL

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

- Benchmark 5A Knowledge of Service Systems
- Benchmark 5B Communication across Systems
- Benchmark 5C Building Positive and Cooperative Relationships

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

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

BENCHMARK 5A: Knowledge of Service Systems

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

Benchmark 5A Performance Indicators

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

1. Lists typical state and provincial systems and services available to individuals supported and how they must access them. (Including education, health care, DD/IDD services, mental health services, inpatient referral process, the justice system, foster care, youth services, community disability services, transportation and employment.)
2. Supports people in obtaining information as needed regarding services, benefits or community based resources.
3. Supports individuals in accessing state and provincial services.
4. Supports individuals in understanding conflicts between systems and sorting through information in order to decide how to approach these issues.
5. Describes and gives examples of common cultural barriers to service access and how he/she might overcome a barrier like this.
6. Recognizes when cultural, linguistic or other diversity issues that are not being met by services and takes steps to improve the situation.
7. Advocates for increased capacity for community to meet the needs of all citizens including citizens with IDD/MI.

Benchmark 5B: Communication Across Systems

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

to them. Sharing current and accurate information will help in obtaining the most appropriate and effective supports.

5B Performance Indicators

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

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

Benchmark 5C Facilitating Positive and Cooperative Relationships

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

5C Performance Indicators

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

1. Shares recommendations between systems (e.g., psychiatrists and other health professionals, employment, residential settings) for maximum coordination of service and benefit to the person supported.
2. Reflects on their own work and communication style to improve effective collaboration within agency or across agency boundaries.
3. Builds positive and cooperative relationships with other health and mental health professionals.
4. Is perceived by others in each system as a collaborative, cooperative and reliable member of the team.

5. Recognizes and addresses barriers to services in a professional and effective manner.
6. Uses effective and welcoming communication and works in partnership with family members and friends of individual.
7. Recognizes members of the person's informal support network (family, loved ones) as integral partners in support and gathers input from them as appropriate.
8. Effectively problem solves and communicates in a team setting for the benefit of the person supported.

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

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

5D Performance Indicators

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

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

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