

# DDNA

Developmental Disabilities Nurses Association



*"Networking to care, advocate, and educate"*

# Aspirational Standards of Developmental Disabilities Nursing Practice

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# INTRODUCTION

The purpose for Aspirational Standards of Developmental Disabilities Nursing Practice is to outline and delineate levels of nursing practice in the field of developmental disabilities. The Standards provide direction for professional nursing practice and a general framework for the evaluation of practice. The focus of the Standards is on nursing practice provided by professional nurse directors or through nursing supervision of unlicensed assistive personnel.

This is a specialized area of nursing practice directed toward assisting persons to achieve the highest possible level of independence. With an understanding that without optimum health these goals cannot be accomplished, the developmental disabilities nurse must practice in cooperation and collaboration with other members of the interdisciplinary team to coordinate individual services.

The practice of nursing in this field endorses the promotion of wellness, normalization, and advocacy in providing services to persons with developmental disabilities. The nursing profession focuses primarily on interventions that maximize the psychosocial, physical, affective, cognitive and developmental strengths of the persons, families, staff, significant others, and those who deliver services.

The Aspirational Standards are stated in accordance with the nursing process approach to practice, which includes the establishment of a therapeutic relationship, the systematic assessment and diagnosis of the person's status, the development of a goal-based plan of nursing intervention, and the implementation of the plan including the issue of delegation and ongoing evaluation of the plan.

The Aspirational Standards for Developmental Disabilities Nursing Practice apply to nursing practice in any setting in which person with developmental disabilities receive nursing services and supports. These Standards should be applied in compliance with individual State Nurse Practice Acts.

# DEVELOPMENTAL DISABILITIES NURSING PRACTICE STANDARDS

## Standard I. Establishing a Therapeutic Relationship

*THE NURSE ESTABLISHES A THERAPEUTIC RELATIONSHIP WITH THE PERSON AND MAINTAINS THAT RELATIONSHIP WITHIN BOUNDARIES.*

### ***Rationale***

By establishing the dynamics of a therapeutic relationship, the nurse is better able to meet the health care needs of the person.

### ***Structure Criteria***

The nurse-

1. understands the components of a therapeutic relationship.
2. appreciates the impact of the nursing role and the need for well-established therapeutic boundaries when working in non-traditional home and community-based settings.

### ***Process Criteria***

The nurse-

1. practices self-awareness, especially in relation to the dynamics of individual situations.
2. establishes and maintains boundaries in the relationship.
3. establishes and communicates expectations for confidentiality.
4. evaluates the strengths and challenges of the person and family in self-direction of care.
5. ensures that the person understands the role of the nurse and the limitations of that role.
6. terminates the relationship with the person in a manner that reflects an understanding of the person's needs and goals.
7. advocates for appropriate services for the person.

### ***Outcome Criterion***

The nurse establishes and maintains a therapeutic relationship with the person.

## **Standard II. Nurse’s Role on the Interdisciplinary Team**

*THE NURSE COLLABORATES AS PART OF THE INTERDISCIPLINARY TEAM IN DEVELOPING, IMPLEMENTING, AND EVALUATING THE PLAN.*

### ***Rationale***

In addition to the nurse, the number of other people supporting the person makes it imperative that efforts be coordinated with all members of the interdisciplinary team. Communication, collaboration, planning, problem solving, and evaluation are required by all team members.

### ***Structure Criteria***

The nurse understands that:

- 1.** the person and the family are the key members of the team.
- 2.** nurses are integral members of the team and make unique contributions.
- 3.** any changes in the implementation of the plan must be agreed upon through the interdisciplinary team process.

### ***Process Criteria***

The nurse-

- 1.** participates in the interdisciplinary team process for development of overall goals, plans, and decisions.
- 2.** recognizes and respects team members and their contributions.
- 3.** consults with team members as needed.
- 4.** shares knowledge and skills related to health considerations that may be integrated into the plan.
- 5.** collaborates with other disciplines in teaching the person or those who support the person.

### ***Outcome Criterion***

The plan reflects an interdisciplinary collaboration.

## Standard III. Data Collection

*THE NURSE COLLECTS HEALTH AND FUNCTIONAL STATUS DATA FOR PERSONS WITH DEVELOPMENTAL DISABILITIES SYSTEMATICALLY AND CONTINUOUSLY. THE DATA ARE DOCUMENTED, COMMUNICATED, AND MADE READILY ACCESSIBLE.*

### ***Rationale***

Comprehensive care of persons with developmental disabilities requires ongoing collection of data about the person's health status and ability to engage in living as independently as possible. As appropriate, all data related to the person are available for all members of the interdisciplinary team.

### ***Structure Criteria***

A means by which data are collected, documented, and retrieved is available in the practice setting.

### ***Process Criteria***

The nurse-

1. collaborates in the data-gathering process with the person, family, staff, significant other or those delivering services to the person, ensuring that appropriate consents have been obtained relative to health-related information.
2. uses clinical judgment to determine needed information using a nursing assessment of health status data that includes, but is not limited to:
  - a. Demographic data
    - 1) name
    - 2) date of birth
    - 3) gender
  - b. Current baseline data
    - 1) height
    - 2) weight
    - 3) immunizations
    - 4) allergies
    - 5) vital signs
  - c. Relevant health history
    - 1) birth history
    - 2) family history of genetic predisposing conditions
    - 3) diagnosis of developmental disability
    - 4) past/present major infectious disease conditions
    - 5) medical diagnoses or conditions
    - 6) history of choking episodes
    - 7) hospitalizations and surgeries
    - 8) hepatitis antigen and antibody status
    - 9) tuberculosis status

- d.** Growth and development milestones
  - e.** Current medications and treatments
  - f.** Special nursing considerations
  - g.** Historical use of psychoactive medications
  - h.** General appearance
  - i.** Mobility
  - j.** Hearing, vision, and dentition
  - k.** Behavioral considerations
  - l.** Bio-psychosocial status, e.g., effect of mental health on person's biological and social systems
  - m.** Prosthesis use, e.g., dentures, corrective lenses, hearing aid, artificial limbs
  - n.** Assistive technology, durable medical equipment, and supportive and/or protective device use
  - o.** Physical assessment, e.g., skin condition, scalp, teeth, gums, nails, secondary sexual characteristics and development, etc.
  - p.** Patterns in:
    - 1) nutrition and eating
    - 2) sleep and rest
    - 3) hygiene and grooming
    - 4) elimination
  - q.** Functional status in:
    - 1) toileting
    - 2) dressing
    - 3) hygiene and grooming
    - 4) eating/chewing/swallowing/choking risk
    - 5) communication
    - 6) administration of medications
    - 7) mobility
    - 8) sexual activity and needs, including level of understanding of risks and self-protection
  - r.** Self determination
    - 1) level of understanding to make personal health decisions
    - 2) self-medication capabilities
    - 3) health care proxy
    - 4) understanding of and ability to advocate for self
- 3.** Collects data from:
- a.** person
  - b.** family/guardian/friends/significant others
  - c.** health care providers



## Standard IV. Identification of Health Care Needs

*THE NURSE IDENTIFIES HEALTH CARE NEEDS FOR THE PERSON BASED ON THE DATA COLLECTED THROUGH THE NURSING PROCESS.*

### ***Rationale***

Identified health care needs are concise statements of conclusions regarding health issues derived from the assessment phase, including the presenting problems as well as the person's related abilities and support needs.

### ***Structure Criteria***

In the practice setting, opportunities are provided for the identification of health care needs based on available data.

### ***Process Criteria***

The nurse-

- 1.** analyzes information obtained through data collection.
- 2.** identifies actual or potential health problems according to criteria outlined under Standard III regarding:
  - a.** self-care limitations or daily living support needs related to and/or evidenced by specific developmental disabilities and resulting challenges.
  - b.** the person's ability to make decisions, communicate, and follow through.
  - c.** the person's ability to relate to others.
  - d.** behavioral considerations placing the person or others at risk.
- 3.** formulates a listing of health care needs subject to modification with subsequent data.
- 4.** documents plans to address health care needs according to the nursing process.

### ***Outcome Criterion***

- 1.** Health care needs and suspected etiologies or risk factors are listed.
- 2.** Health care needs are shared with the person, family, significant others, and other members of the interdisciplinary team.
- 3.** Health care needs are documented in a manner that facilitates nursing planning.

# Standard V. Planning

*THE NURSE DEVELOPS A PLAN WITH GOALS AND INTERVENTIONS SPECIFIC TO THE NEEDS OF THE PERSON.*

## ***Rationale***

Determination of the outcomes to be achieved is an essential component of planning services and supports.

## ***Structure Criteria***

The nurse -

1. ensures that outcomes or goals related to the identified health needs are included in the person's plan.
2. ensures mechanisms exist for nursing/health care plans to be documented, communicated to others, and revised as necessary.

## ***Process Criteria***

The nurse-

1. collaborates with the person, family, staff, significant others, and members of the interdisciplinary team in establishing the plan, as appropriate.
2. ensures that the plan:
  - a. identifies care priorities.
  - b. states realistic goals in measurable terms with assigned time periods for achievement.
  - c. develops goals for attainment of self-help skills, prevention of disease and complications, and achievement and maintenance of optimal health.
  - d. indicates which needs are the primary responsibility of the nurse and which are referred/delegated to other members of the interdisciplinary team.
  - e. stresses mutual goal setting and shared responsibility for goal attainment at the functional level of the person.
  - f. provides guidance for health care activities performed by others.
3. evaluates and revises the plan as goals are achieved, changed, or updated.

## ***Outcome Criterion***

1. A systematic method to meet the identified goals is reflected in the plan.
2. The plan shows evidence of revision as goals are achieved, changed, or updated.

# Standard VI. Implementation

*THE NURSE IMPLEMENTS THE PLAN TO PROMOTE, MAINTAIN, OR RESTORE WELLNESS, PREVENT ILLNESS, AND/OR PROVIDE APPROPRIATE END-OF-LIFE CARE.*

## ***Rationale***

Nursing actions are developed to address the optimal well-being and potential health considerations of a person to resolve or minimize the person's actual health issues, to maintain or improve functional levels, and to address end-of-life concerns.

## ***Structure Criteria***

The nurse-

1. promotes independent nursing interventions within the practice setting.
2. determines that the plan reflects appropriate individualized interventions and periodic documentation of progress toward goals.
3. bases recommendations on the person's health care needs.
4. understands how delegation is interpreted within the applicable State Nurse Practice Act, as related to assigning health care interventions detailed in the plan.

## ***Process Criteria***

The nurse-

1. demonstrates consideration of self-determination, age, abilities and special needs of the person.
2. assists the person to acquire and maintain the supports necessary to address optimal well-being and health considerations.
3. encourages and supports self-advocacy, and acts as an advocate when needed to facilitate promotion, maintenance and achievement of optimal health.
4. addresses educational needs of the person and/or direct support staff based on the person's identified health needs.
5. addresses delegation issues and considerations when implementing the plan.
6. review and modifies the plan based on the person's progress or lack of progress.

## ***Outcome Criterion***

1. Health care supports are documented in the person's records and/or reported to other providers delivering services.
2. Nursing or direct support staff interventions are communicated to other licensed/unlicensed care providers and family.
3. The support services provided are consistent with the person's plan.
4. The support services are provided in keeping with these standards and accepted nursing practice.

## **Standard VII. Evaluation**

*THE NURSE EVALUATES RESPONSES OF THE PERSON TO THE INTERVENTIONS AND SUPPORTS PROVIDED AND REVISES THE PLAN ACCORDINGLY.*

### ***Rationale***

Nursing care is a dynamic process based upon ongoing continuous evaluation.

### ***Structure Criteria***

1. Nursing supervision and/or direction is available as needed in order for the nurse to analyze the effectiveness of interventions.
2. A mechanism is in place for periodic evaluation of goal attainment that includes involvement of the person, family, significant others, direct support staff and other members of the interdisciplinary team.

### ***Process Criteria***

The nurse-

1. uses available data about the person to measure progress toward goal achievement.
2. communicates the degree of goal achievement to interdisciplinary team members.
3. validates evaluation of goal achievement with the interdisciplinary team.

### ***Outcome Criterion***

1. The plan and the actions are revised based on the results of the evaluation.
2. The evaluation is documented and addresses the effectiveness of the plan.

## **Standard VIII. Role of the Nurse in the Quality Assurance Process**

*THE NURSE PARTICIPATES IN THE QUALITY ASSURANCE PROCESS IN ORDER TO ANALYZE AND ASSURE CONTINUOUS IMPROVEMENT IN THE QUALITY OF HEALTH CARE SUPPORTS.*

### ***Rationale***

An established quality assurance process for health care is one way to ensure that individuals are provided excellence in care and supports.

### ***Structure Criteria***

1. Nurses are represented on quality management/continuous improvement teams evaluating health care outcomes.
2. Nurses develop and establish monitoring tools for continuous evaluation of outcomes of care which might include a peer review process.

### ***Process Criteria***

The nurse-

1. is involved in the process of review and evaluation of health care and supports provided by interdisciplinary team members including peers.
2. considers recommendations arising from review and evaluation.
3. makes recommendations from knowledge base and review process.

### ***Outcome Criterion***

Improvement measures are instituted as appropriate at individual, unit, agency or organizational levels.

# Standard IX. Role of the Nurse as Advocate

*THE NURSE FUNCTIONS AS AN ADVOCATE FOR INDIVIDUALS FOR WHOM CARE IS PROVIDED.*

## ***Rationale***

Essential to the practice of nursing is advocating for the needs, rights and potential of all individuals for whom a nurse cares..

## ***Structure Criteria***

The nurse will support the individual's right to make decisions and encourage the individual to self-advocate. The nurse will also facilitate communication of the individual's wishes and decisions, serving as his or her voice when needed

## ***Process Criteria***

The nurse-

- 1.** participates in team meetings and is well prepared to assist the individual and at times represent the individual in having his or her desires and needs related to health care met.
- 2.** uses a sound knowledge base to support the position being advocated.
- 3.** facilitates communication of the individual's wishes and decisions, to assure that these are heard and respected.
- 4.** promotes the individual's decisions to help assure that his or her rights are not violated.

## ***Outcome Criterion***

Individuals with developmental disabilities, and those representing them, receive the support and encouragement needed to help assure that individual desires are the driving force in areas of health care services.

## **Standard X. Role of the Nurse as an Educator**

*THE NURSE IS RESPONSIBLE FOR EDUCATING THE INDIVIDUALS UNDER HIS/HER CARE, FAMILY MEMBERS, MEMBERS OF THE INDIVIDUAL'S SUPPORT TEAM AND THE PUBLIC, INCLUDING HEALTH CARE PROVIDERS. THIS EDUCATION IS TO INCLUDE INFORMATION ABOUT THE INDIVIDUAL'S CARE AND NEEDS, AS WELL AS ABOUT THE HEALTH CARE NEEDS OF AN INDIVIDUAL WITH DEVELOPMENTAL DISABILITIES IN GENERAL.*

### ***Rationale***

Education is essential to assure that individuals, care givers, health care team and support team members have the information and resources needed to make informed decisions and to ensure that quality health care services are provided.

### ***Structure Criteria***

1. The nurse is usually the most consistent source of healthcare information for the individual and the support team.
2. The nurse, as a member of the health care team (physicians, therapists, etc.), may have the most contact with the individual and may be the most knowledgeable regarding his or her health history.
3. The role of nursing in any setting is strongly focused on education.

### ***Process Criteria***

The nurse should:

1. be knowledgeable about the health history of individuals under his or her care.
2. educate support staff about health issues and needs to assure individualized care to each individual.
3. provide information about the individual's health issues and needs to the health care team to ensure a holistic approach to treatment is considered.
4. provide information about the individual's health issues and needs to the individual, their family, conservators/guardians and members of the support.
5. educate others about the unique and often times routine health care needs of individuals with developmental disabilities.

### ***Outcome Criterion***

Each individual will receive quality health care and support services provided by educated caregivers. The individual will receive current and accurate health information to facilitate well-informed health care decisions. The public will obtain a better understanding of meeting the health care needs of individuals with developmental disabilities.

## Standard XI. Continued Competence

*THE NURSE ASSUMES RESPONSIBILITY FOR CONTINUED COMPETENCE, PROFESSIONAL DEVELOPMENT AND ACCOUNTABILITY.*

### ***Rationale***

Scientific, cultural, social, and political changes require that the nurse be committed to the ongoing pursuit of knowledge to enhance competence and professional growth.

### ***Structure Criteria***

The nurse is responsible for:

1. professional development.
2. involvement in continuing education.

### ***Process Criteria***

The nurse-

1. initiates independent learning activities to increase understanding and update skills.
2. participates in educational programs and other relevant continuing education activities either as an attendee or as a facilitator.
3. continually strives to understand conditions that might be found in persons with developmental disabilities.
4. communicates new information regarding clinical observations and interpretations.
5. modifies practice based upon research advances in the practice of developmental disabilities nursing.
6. continues to evaluate the quality of health care services through peer review or the quality assurance process.

### ***Outcome Criterion***

The nurse meets continuing education and competence requirements for licensure and/or certification.

# GLOSSARY

**Bio-psychosocial:** Based on a systems theory and represents an opportunity for the clinician to integrate relevant biological (medical or pharmacological), psychological and social factors together, in the assessments and treatment of individuals.

**Continued Competence:** A process by which the nurse continues to build upon a knowledge base through a number of methods including, but not limited to, participation in appropriate professional organizations, ongoing peer review, participation in relevant continuing education programs and certification in area of specialty.

**Delegation:** The transfer to a competent person the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation.

**Developmental Disability:** The term “developmental disability” means a severe, chronic disability of an individual five (5) years of age or older that

1. is attributable to a mental or physical impairment or a combination of mental and physical impairment
2. is manifested before the individual attains age 22
3. is likely to continue indefinitely
4. results in substantial limitations in three or more of the following areas of major life activity:
  - a. self-care
  - b. receptive and expressive language
  - c. learning
  - d. mobility
  - e. self-direction
  - f. capacity for independent living
  - g. economic sufficiency
5. reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age five (5) inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

*Developmental Disabilities Assistance and Bill of Rights Act (as amended, 1994) 42 U.S.C. § 6000 et seq., 45 C.F.R. § 1385 - 1388.*

**Independent Functioning:** The ability of individuals with developmental disabilities to accomplish successfully those tasks or activities generally expected in everyday living without the assistance of another person.

**Interdisciplinary Team (IDT):** A team of individuals with skills from different disciplines that focuses on the same task or project. A team of people representing those who provide services to an individual.

**Normalization:** A philosophical principle holding that individuals with developmental disabilities should have made available to them patterns and conditions of everyday life that are consistent with their needs and as close as possible to the norms and patterns of society.

**Outcome Criteria:** Criteria that describe the end result of nursing care.

**Peer Review:** Process by which registered nurses actively engaged in the practice of nursing appraise the quality of nursing care in a given situation in accordance with established standards of practice.

**Prevention:** 1. The process of the rearrangement of forces in society against those negative factors in life of which developmental disabilities is a consequence; 2. using screening and diagnostic procedures to identify high-risk children and provide intervention to prevent disability.

**Process Criteria:** Criteria that focus on the major sequence of events and activities in the delivery of health care.

**Quality Management:** A formal process for continuous evaluation of the degree of excellence in the maintenance and/or improvement of the health and functional status of the individual attained through providers' performance or diagnostic, therapeutic, prognostic, or other health care activities.

**Self-determination:** The ability of individuals to make choices that allow them to exercise control over their own lives, to achieve the goals to which they aspire and to acquire the skills and resources necessary to participate fully and meaningfully in society.

**Standard:** A norm that expresses an agreed-upon level of excellence that has been developed to characterize, to measure, and to provide guidance for achieving excellence in practice.

**Structure Criteria:** Criteria that focus on the environment and its resources. They include consideration of the purpose of the institution, agency, or program and its legal authority to carry out its mission; organizational characteristics; physical resources and management; qualifications of health professionals and other workers; physical facilities and equipment; and status with regard to accreditation, certification, or approval by appropriate voluntary or governmental bodies.

**Theory:** The coherent set of hypothetical, conceptual, and pragmatic principles forming the general frame of reference for a field of inquiry; the body of generalizations or principles developed in association with practice in a field of activity and forming its content as an intellectual discipline.

**Therapeutic Relationship:** A relationship established and maintained between a nurse and an individual through the use of professional nursing knowledge, skill and caring attitudes and behaviors in order to provide nursing supports that contribute to the individual's health and well-being. The relationship is based on trust, respect, and intimacy and requires the appropriate use of the power inherent to the nurse's role.

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# ACKNOWLEDGEMENTS

The Developmental Disabilities Nurses Association would like to thank the original Standards of Nursing Practice Committee who were responsible for the development of the original *Standards of Developmental Disabilities Nursing Practice* published in 1995 and the update committee who were responsible for revisions in 2008.

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