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# **Certified Adult Recovery Peer Specialist**

## **ROLE DELINEATION STUDY**

### **Final Report**

**December 30, 2006**

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#### **Florida Certification Board**

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## Introduction

The Florida Department of Children and Families (DCF) contracted with the Florida Certification Board (FCB) to conduct a Role Delineation Study (RDS) for the job classification of Certified Peer Specialist. Through discussion with DCF, it was determined that there are three sub-specialties under the Certified Peer Specialist umbrella: Mental Health Adult Recovery Peer Specialist, Mental Health Family Peer Specialist, and Substance Abuse Recovery Peer Specialist. As such, the FCB conducted three separate Role Delineation Studies, each one particular to the sub-specialty.

For purposes of this reports, the following terms are defined as follows:

1. Certified Peer Specialist: This is the title of the job classification. It represents the overarching profession of peer specialists.
2. Recovery Peer – Adult: This is the title of the job position. It represents a peer specialist who has competency specific to working as an adult peer to adult mental health consumers.
3. Recovery Peer Specialist – Adult: This is the working title for the job position of Recovery Peer – Adult. It indicates that the practitioner is a Certified Peer Specialist, specializing in mental health, peer-to-peer, recovery support.

The development of a credentialing program designed to measure an individual's competence in a particular area is a long and complex process. The RDS is the first step of the credential development process and is the most commonly applied and accepted validation strategy used in designing credentialing programs. The purpose of the RDS is to formally identify the domains of knowledge and specific tasks needed to be a competent Certified Adult Recovery Peer Specialist.

## Compliance with Standards

Two widely accepted standards for the development of credentialing programs and certifying agencies are the *Standards for Accreditation of Certifying Agencies* (National Commission for Certifying Agencies, 2002) and the *Standards for Educational and Psychological Tests* (American Educational Research Association, American Psychological Association, and National Council on Measurement in Education, 1999).

For the purpose of this report, the Standards for Accreditation of Certifying Agencies will be referred to as the NCCA Standards and the Standards for Educational and Psychological Tests will be referred to as the Joint Standards.

The NCCA Standards specifically state that a RDS “must be conducted to clearly delineate performance domains and tasks, associated knowledge and/or skills, and sets of content/item specifications to be used as the basis for developing each type of assessment instruments.” In addition, “a report must be published linking the job/practice analysis to specifications for the assessment instruments.” The Joint Standards similarly state “the test specifications should be documented, along with their rationale, and the process by which they were developed.” The Joint Standards also state that in credentialing tests, role delineation studies “usually provide the basis for defining the test specifications.”

The Florida Certification Board used the above standards to help guide the process used for the RDS and in the development of all reports that will serve as documentation for content validity for any resulting Certified Adult Recovery Peer Specialist credentialing program.

## **The Role Delineation Study Process**

As mentioned earlier, the RDS is the first step in developing a valid and reliable credentialing program. The RDS is a formal process conducted with selected subject matter experts (SMEs) and consists of two phases. Phase 1 consists of a workshop with SMEs in which the tasks, skills, and knowledge for competent performance are determined. Phase 2 revolves around the validation of the tasks identified by the SMEs in Phase 1. The validation effort includes a survey distributed to a larger group of SMEs and job incumbents. Survey respondents are asked to review the list of tasks and rate each task in terms of its importance to competent job performance and the frequency that each task is performed.

The following steps were conducted as part of Phase 1 of the RDS:

1. DCF convened a panel of Subject Matter Experts (SMEs) in the field of mental health peer recovery to determine the profession’s scope of practice. The Florida Certification Board led these SMEs through the role delineation process. During the workshop, the SME panel defined the major performance domains and the associated tasks necessary for competent performance. Knowledge, skills and abilities (KSAs) associated with each task were then identified.
2. The FCB conducted an editorial and psychometric review of the listing of domains, tasks, and knowledge, and prepared a validation survey, which was distributed to a sample of professionals specializing in substance abuse treatment and those individuals who are knowledgeable of the profession and job role, to validate the work of the SMEs.

This report documents the process and results of the **Certified Adult Recovery Peer Specialist Role Delineation Study**.

## The Role Delineation Study Workshop

The RDS workshop was held June 23-24, 2006, in Tallahassee, Florida. Amy Peloquin, the Director of Certification with FCB, conducted the workshop. The following section describes the workshop, including the list of participants, the agenda, and the methods used during the workshop.

### **A. List of Participants**

Table 1 identifies the panel members who served as SMEs in the workshop. Panel members were recruited by DCF. Panel members are listed in alphabetical order by surname.

**Table 1: Subject Matter Experts Participating in Role Delineation Study Workshop**

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Panel Member
Letty Ballard
Toni Beard
Kris Butler
Diane Callender
Patrick Hendry
Cynthia Holland
Raymond Jacobs
Tom Lane
Susan Lang
Ellen Pepler
Clint Rayner
William "Bill" Schneider
Mike Stevenson
Carolyn Wilson

## **B. Agenda**

The following agenda was used during the workshop:

### **June 23, 2006**

Welcome and Introductions
Overview of the Role Delineation Study Process
Define the Target Audience
Review Existing, Related Competencies
Instruction on Identifying Performance Domains, Task Statements, and Knowledge/Skill Statements
Establish Performance Domains
Write/Review Task Statements
Review Progress/Prepare for Day 2
Adjourn

### **November 9, 2007**

Welcome/Introduction to Day 2
Validate Domains and Tasks
Write Knowledge/Skill Statements
Write/Review Knowledge/Skill Statements
Wrap-up and Discussion of Next Steps
Adjourn

## **C. Defining the Performance Domains**

After multiple brainstorming and discussion sessions, the panel members determined the major responsibilities or duties that define the Adult Recovery Peer Specialist's job role. After generating an exhaustive list of possible major responsibilities, the panelists identified the following four domains of practice, which are:

Domain 1: Advocacy

Domain 2: Professional Responsibility

Domain 3: Mentoring

Domain 4: Recovery Support

## D. Determining the Task Statements

Once the domains were finalized, the facilitator led the panel members through another series of facilitated brainstorming sessions in which the tasks necessary for competent performance were identified for each domain. Once all the tasks were delineated, the panel members reviewed the listing to ensure that the tasks:

1. Provided full coverage of the job responsibilities,
2. Were independent of each other, and
3. Were appropriately categorized within each domain.

## E. Determining the Knowledge, Skill and Abilities (KSAs)

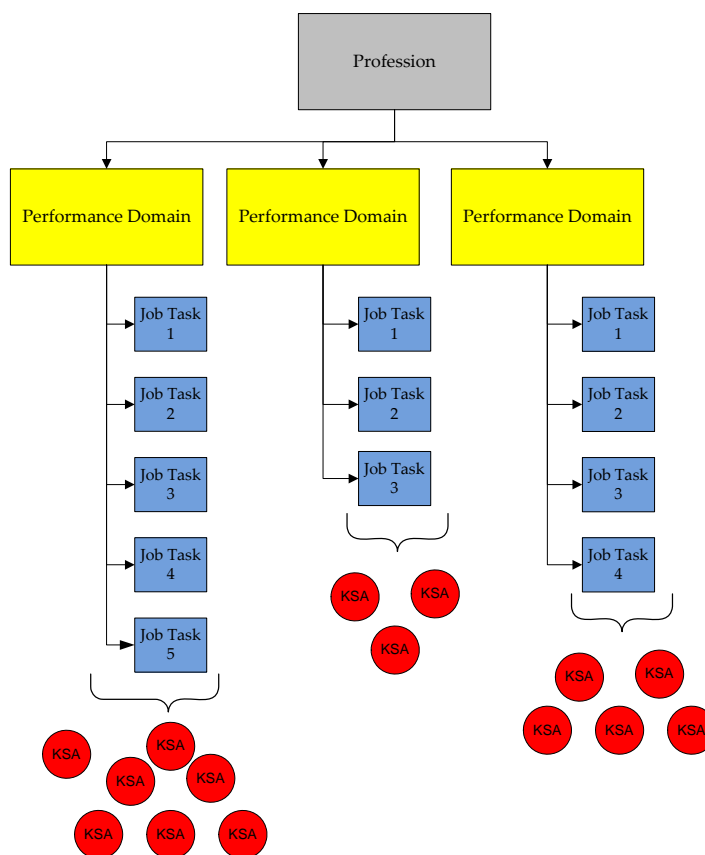
The final step in the RDS workshop was to determine the knowledge and/or skill base that the individual must possess in order to perform specified job tasks. KSAs are grouped within a domain: this means that a specified KSA that is necessary to perform task one, three, and seven will not be restated three times. Rather, the KSA is expected to be applied when carrying out all relevant tasks.

The facilitator led a large group review of the tasks within a domain, and then recorded the KSAs identified by panel members.

Unanimous agreement was gained before completing one domain and moving on to another.

## F. The Relationship between Domains, Job Tasks, and KSAs

Figure G-1 illustrates the relationship between performance domains, job tasks, and KSAs. A performance domain is a major duty that defines a job role. Each performance domain is further analyzed to identify the specific job tasks that the professional is responsible for performing. Finally, the competencies necessary to perform the job tasks to a specified level of competency are established in the form of knowledge, skill, and ability statements. Combined, these three components objectively describe what the Certified Adult Recovery Peer Specialist must know and be able to do in order to perform their job in a competent manner.



In a role delineation study, the knowledge, skill and ability statements are written at the lowest cognitive level required to competently perform the job task. Also, it can be assumed that when a higher order cognitive level is indicated, the Certified Adult Recovery Peer Specialist also possesses the lower level cognitive abilities that provide the foundation necessary to perform at the level indicated.

The next section identifies, by performance domain, the job tasks and associated knowledge, skill, and ability statements necessary for competent performance as a Certified Adult Recovery Peer Specialist.

## **Performance Domains, Job Tasks, and KSAs**

### ***Domain 1: Advocacy***

**Job Tasks** that should be performed by the Certified Adult Recovery Peer Specialist in the Advocacy domain are:

- 1.1 Serve as the consumer's individual advocate.
- 1.2 Advocate within systems to promote consumer centered recovery support services.
- 1.3 Assure that the consumer's choices define and drive their recovery planning process.
- 1.4 Promote consumer-driven recovery plans by serving on the consumer's recovery-oriented team.

**Knowledge, Skills and Abilities** that the Certified Adult Recovery Peer Specialist should possess in order to perform the tasks identified in the Advocacy domain are:

- 1.a. Define system-level advocacy.
- 1.b. Explain why self-advocacy is the foundation of recovery.
- 1.c. Identify the consumer's individual support systems.
- 1.d. Promote the principles of individual choice and self-determination.
- 1.e. Explain how and why consumers should establish an Advanced Directive.
- 1.f. Explain how to advocate within the mental health system.
- 1.g. Define consumer-driven recovery.
- 1.h. Use "person-centered" language that focuses on the individual, not the diagnoses.
- 1.i. Demonstrate non-judgmental behavior.

## **Domain 2: Professional Responsibility**

**Job Tasks** that should be performed by the Certified Adult Recovery Peer Specialist in the Professional Responsibility domain are:

- 2.1 Respond appropriately to risk indicators to assure the consumers welfare and physical safety.
- 2.2 Immediately report suspicions that the consumer is being abused or neglected according to 415.1034(1)(a), Florida Statute.
- 2.3 Maintain confidentiality.
- 2.4 Communicate personal issues that impact your ability to perform job duties.
- 2.5 Assure that interpersonal relationships, services, and supports reflect the consumer's individual differences and cultural diversity.
- 2.6 Document service provision as required by the employer.
- 2.7 Gather information regarding the consumer's personal satisfaction with their progress toward recovery goals.

**Knowledge, Skills and Abilities** that the Certified Adult Recovery Peer Specialist should possess in order to perform the tasks identified in the Professional Responsibility domain are:

- 2.a. Explain the ten fundamental concepts of recovery as defined in the National Consensus Statement on Mental Health Recovery, which is published by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).
- 2.b. Define the concept of a wellness-focused approach to consumer recovery.
- 2.c. Explain the fundamental concepts related to cultural competency.
- 2.d. Understand the concept of accountability.
- 2.e. Explain basic federal, state, employer regulations regarding confidentiality.
- 2.f. Explain what, where, when, and how to accurately complete all required documentation activities.
- 2.g. Explain the concept of decompensation.
- 2.h. Identify the consumers risk indicators, including individual stressors, triggers, and indicators of escalating symptoms.
- 2.i. Explain basic de-escalation techniques.
- 2.j. Explain basic suicide prevention concepts and techniques.

- 2.k. Identify indicators that the consumer may be experiencing abuse and/or neglect.
- 2.l. Identify and respond appropriately to personal stressors, triggers, and indicators.

### **Domain 3: Mentoring**

**Job Tasks** that should be performed by the Certified Adult Recovery Peer Specialist in the Mentoring domain are:

- 3.1 Serve as a role model of a consumer in recovery.
- 3.2 Establish and maintain a “peer” relationship rather than a hierarchical relationship.
- 3.3 Promote social learning through shared experiences.
- 3.4 Teach consumers life skills.
- 3.5 Encourage consumers to develop independent behavior that is based on choice rather than compliance.
- 3.6 Assure that consumers know their rights and responsibilities.
- 3.7 Teach consumers how to self advocate.

**Knowledge, Skills and Abilities** that the Certified Adult Recovery Peer Specialist should possess in order to perform the tasks identified in the Mentoring domain are:

- 3.a. Explain the concept of mentoring.
- 3.b. Explain the concept of role-modeling behaviors.
- 3.c. Define social learning.
- 3.d. Define self-advocacy.
- 3.e. Define life skills.
- 3.f. Understand basic adult learning principles and techniques.
- 3.g. Use adult learning techniques to teach life skills.
- 3.h. Explain the concept of healthy, interdependent relationships.
- 3.i. Establish a respectful, trusting relationship.
- 3.j. Use active listening skills.
- 3.k. Use empathetic listening skills.
- 3.l. Demonstrate non-judgmental behavior.
- 3.m. Demonstrate consistency by supporting consumers during ordinary and extraordinary times.
- 3.n. Promote the development and use of Advanced Directives.

## **Domain 4: Recovery Support**

**Job Tasks** that should be performed by the Certified Adult Recovery Peer Specialist in the Recovery Support domain are:

- 4.1 Serve as an active member of the consumer's recovery-oriented team(s).
- 4.2 Assure that all recovery-oriented tasks and activities build on the consumer's strengths and resiliencies.
- 4.3 Help the consumer identify their options and participate in all decisions related to establishing and achieving recovery goals.
- 4.4 Help the consumer develop problem-solving skills so they can respond to challenges to their recovery.
- 4.5 Help the consumer access the services and supports that will help them attain their individual recovery goals.

**Knowledge, Skills and Abilities** that the Certified Adult Recovery Peer Specialist should possess in order to perform the tasks identified in the Recovery Support domain are:

- 4.a. Explain the ten fundamental concepts of recovery as defined in the National Consensus Statement on Mental Health Recovery, which is published by SAMHSA.
- 4.b. Explain the concept of a strength-based approach to recovery.
- 4.c. Promote self-determination and consumer choice-driven recovery.
- 4.d. Use active and empathetic listening skills with the consumer.
- 4.e. Use Motivational Interviewing skills with the consumer.
- 4.f. State the stages of change.
- 4.g. State the stages of recovery.
- 4.h. Identify the consumer's current state of change and/or recovery.
- 4.i. Help the consumer develop problem-solving skills by working together to identify and discuss options, alternative, and possible consequences.
- 4.j. Explain the typical process that should be followed to access and/or participate in community mental health and related services.
- 4.k. Identify circumstances when it is appropriate to request assistance from other professionals to help meet the consumer's recovery goals.

- 4.l. Identify the consumer's strengths, resiliencies, and challenges to recovery.
- 4.m. Promote the consumer's empowerment by assuring that they are informed of their options and participate in all decision-making that will affect their lives.
- 4.n. Help the consumer request appropriate referrals and/or access needed resources.

## **The Role Delineation Study Validation Survey**

While the panel members of the RDS Workshop are considered subject matter experts, they represent only a small group of practitioners and their expert status may result in a perception of the profession that is different from many practitioners. It is for this reason that an RDS validation survey is developed and sent to a larger sample of practitioners. The survey was open to panel members prior to opening it to the target audience in order to gather data from the two groups. The responses from the survey respondents are then compared to the panelists' responses as a way to validate the panel's analysis of the profession.

### ***A. Developing the Survey***

Using the final performance domains and task statements identified through the RDS workshop, the FCB prepared a web-based survey that enabled respondents to evaluate and provide feedback on the SME identified domains and task statements.

The survey provided respondents with an explanation of its purposes, as well as clear instructions for its completion. Along with each domain and task listing, definitions of the rating scales were provided on each page. Based on the list of 48 tasks for the 6 domains, the survey asked the respondent to rate the importance, criticality, and the frequency of each task. A 5-point Likert-type scale was used, where a higher value indicated more importance and higher frequency. In addition, the survey asked demographic information of the respondents, such as gender, age, and level of education. A copy of the Validation Survey Instrument can be found in Appendix A.

The demographic data was used to verify that the survey data was representative of the practice settings, experience level, and education level of the population of incumbent Adult Recovery Peer Specialists. All survey data was captured in a common database, which was then analyzed by the FCB's psychometrician, Dr. Akihito Kamata.

### ***B. The Survey Sample***

To contact incumbent Adult Recovery Peer Specialists, the FCB developed a survey participation request letter, which was then disseminated to all panel members for distribution to incumbent professionals.

The request for participation letter provided a statement of purpose, a brief overview of the survey, the internet link to the survey itself, and the timeframe for completion. If the respondent did not have ready access to the internet, respondents were encouraged to contact the FCB for a hard copy of the survey if necessary. In total, 52 people responded to the survey.

The demographic characteristics of the sample are summarized in Tables C-1 through C-8. In some cases, not all respondents answered every question, so the total number for respondents for each demographic question may not equal the total number of surveys analyzed. In addition, for some questions, respondents had the opportunity to select more than one option, so the total value would be larger than the total number of surveys returned.

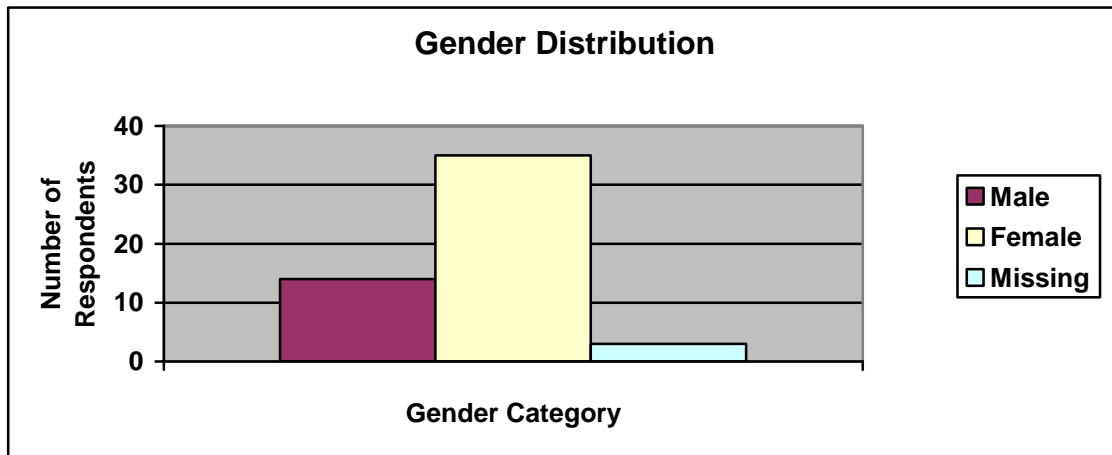
### C. Analysis of Demographic Data

Eight (8) demographic questions were asked in the survey. This section provides a summary of the demographic results and confirms that the survey sample represents practitioners from a variety of practicing settings with varying levels of education, experience, and background. All percentages were calculated on actual responses to each question, but missing responses have also been documented. Note that some of the percents will not add to 100% due to rounding.

#### Gender:

Of those responding to the survey, 29% (n=14) of the respondents were male and 71% (n=35) of the respondents were female. Three respondents did not indicate gender. Table C-1 summarizes the gender variable.

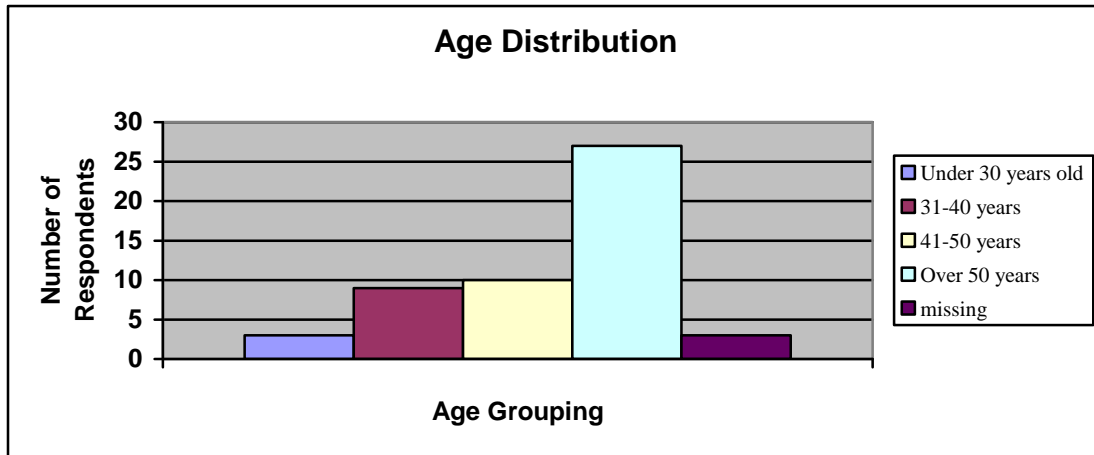
Table C-1: Summary of the Gender Demographic Responses



#### Age:

All levels of age were represented in the survey. The majority of the respondents (55.1%) were over the age of 50 years. Twenty percent were between 41-50 years of age. Eighteen percent were between 31-40 years of age. The remaining six percent were under 30 years of age. The age variable is summarized in Table C-2.

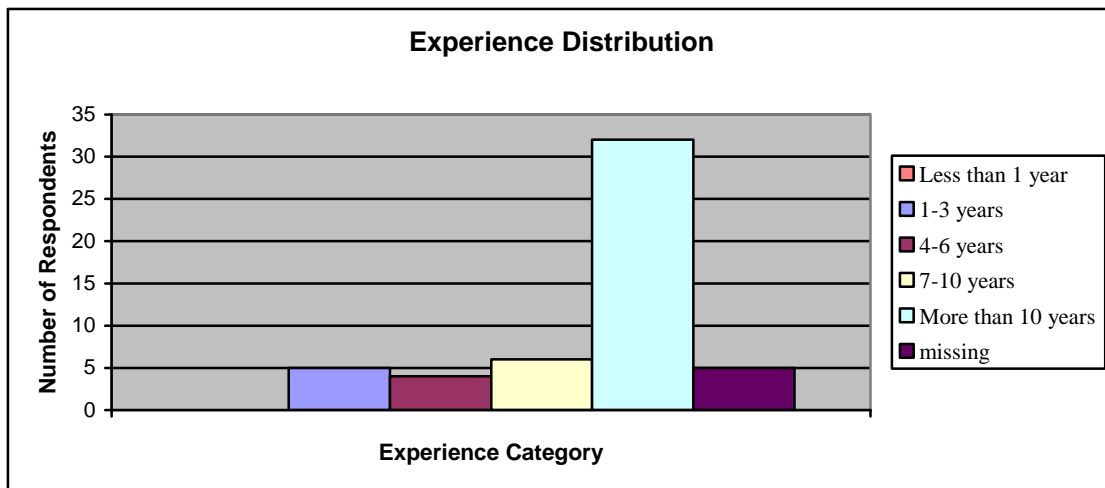
Table C-2: Summary of the Age Demographic Responses



### Years of Experience

The majority of respondents (68.1%) indicated that they had more than 10 years of practice in a recovery peer specialist – adult role. The remainder of the respondents indicated anywhere from one to nine years of experience; none of the respondents indicated less than one year of experience. The distribution of number of years of practice is illustrated in Table C-3.

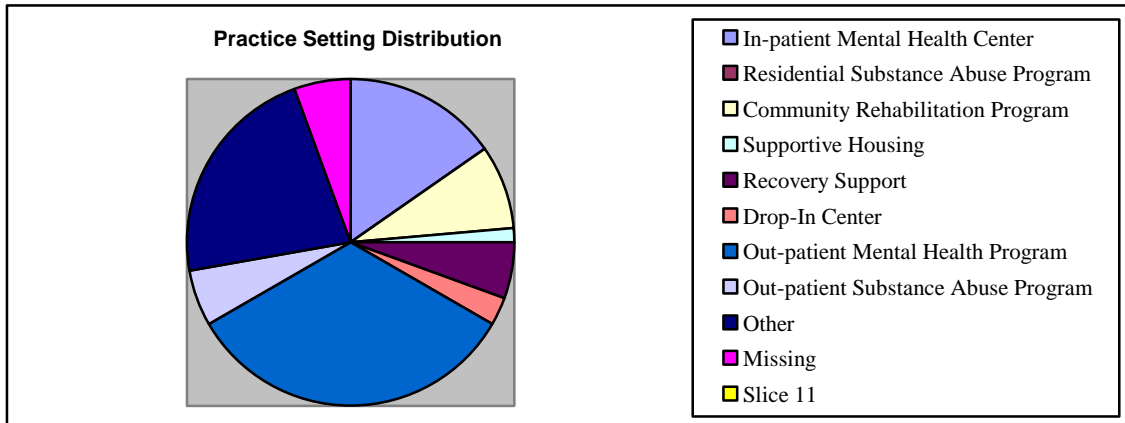
Table C-3: Summary of Years of Experience Demographic Responses



**Practice Area:**

A variety of practice settings were represented by the survey respondents as shown below in Table C-4. Although respondents may work in multiple settings, respondents were asked to select their *primary* work setting.

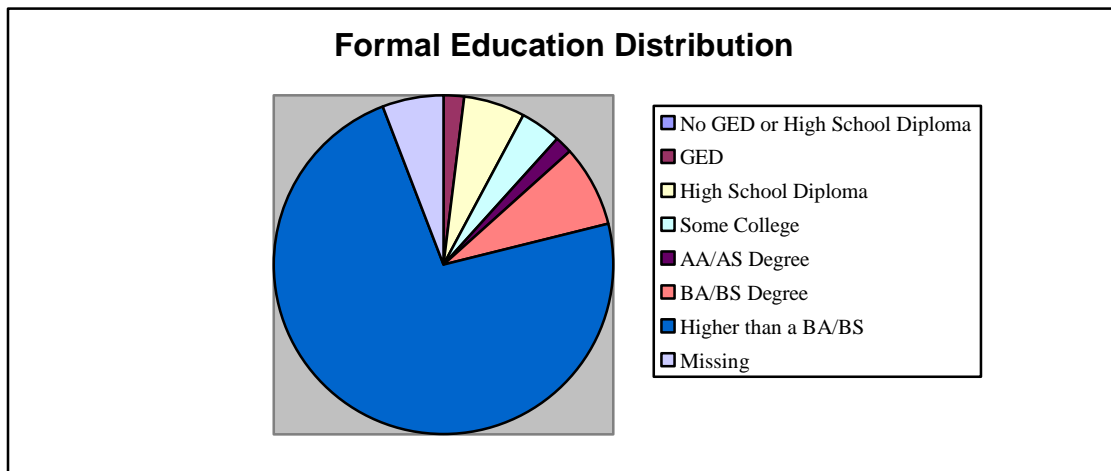
Table C-4: Summary of the Practice Area Demographic Responses



**Formal Education**

The vast majority of respondents (77.6%) hold a formal degree higher than a BA or BS Degree. Approximately 14% have some college (4.1%), an AA/AS Degree (2%), or a BS/BA Degree (8.2%). Four respondents held a high school diploma or GED and no respondents held less than a GED. The distribution is illustrated in table C-5.

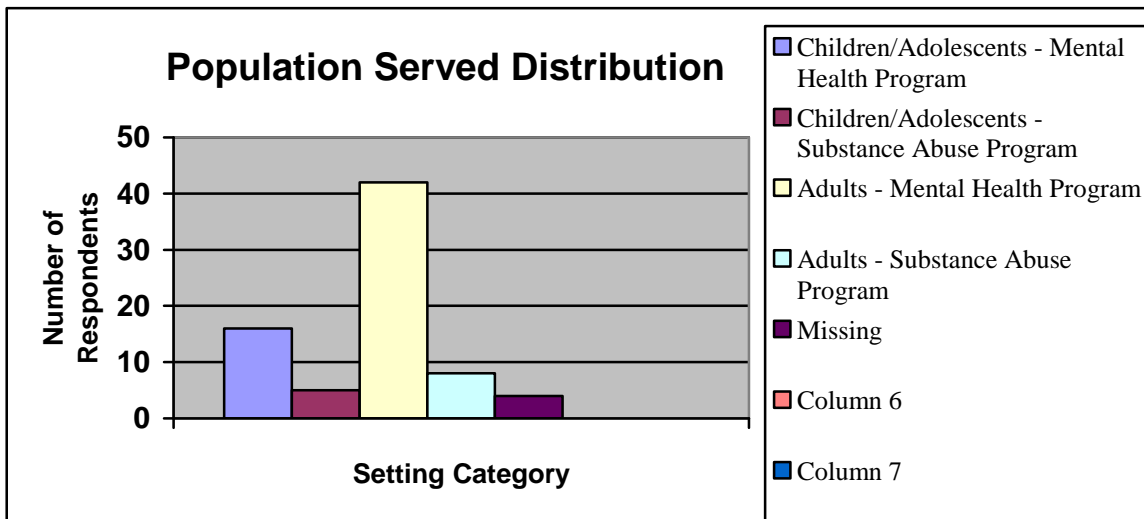
Table C-5: Summary of the Highest Level of Education Demographic Responses



### Population Served

In addition to the variety of work setting, the populations served by the respondents were collected. Respondents were asked to select the age and setting. Respondents were able to select all age groups that they serve, so the values shown in Table C-6 will not equal the number of survey respondents since many of the respondents selected more than one age group. Table C-6 provides the summary of the population to be served.

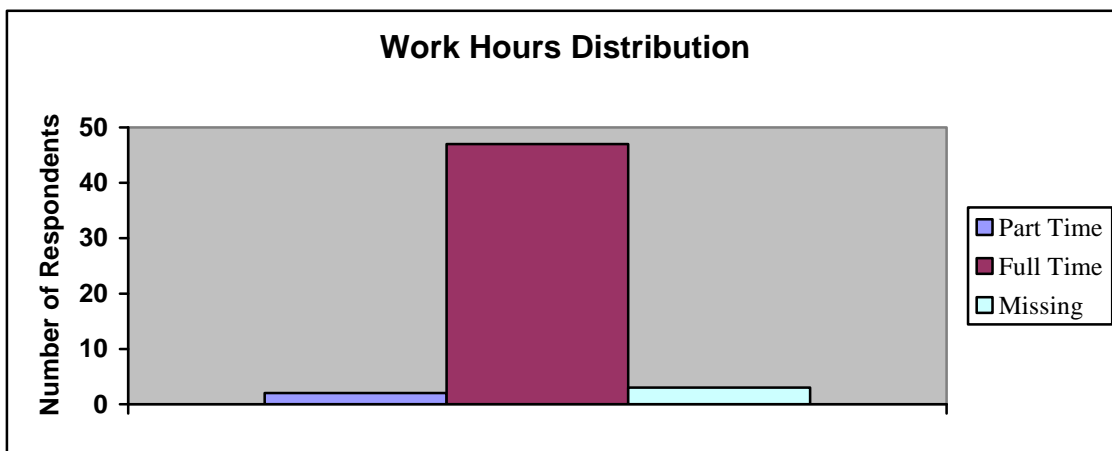
Table C-6: Summary of the Population Served Demographic Responses



### Work Hours

The majority of respondents (95%) indicated that they worked full time. Table C-7 shows the distribution of work hours.

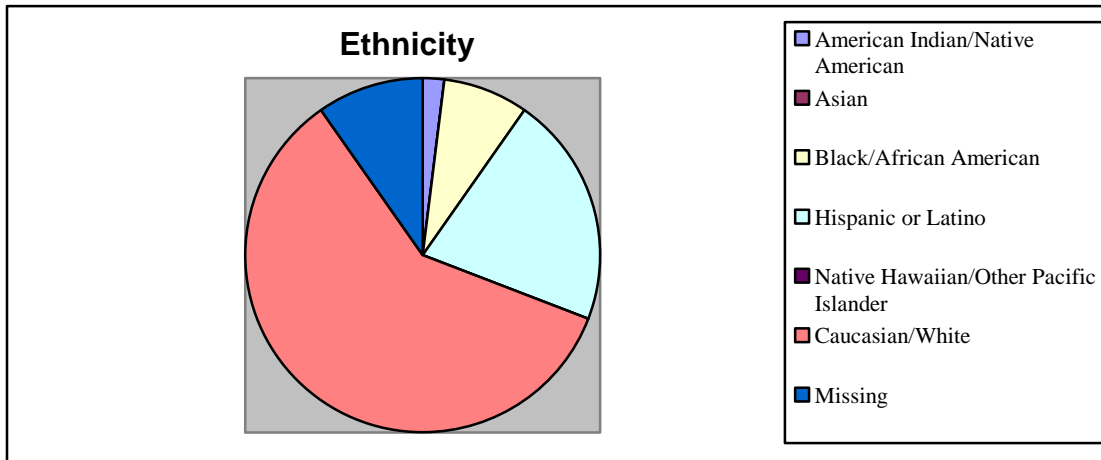
Table C-7: Summary of the Work Hours Distribution



## Ethnicity

The final survey demographic question asked information regarding the ethnicity of the respondents. As shown in Table C-8, a range of ethnicities was represented.

Table C-8: Summary of the Ethnicity Responses



## Determining the Domain Percentages

The responses from the survey were analyzed and compared to the responses of the panel members. In particular, the domains are compared to ensure that the coverage on the examination at the domain level is not significantly different between panel members and the survey respondents. If the responses for the domain ratings are similar between the two groups, then one can assume that the work produced by the panel members is a valid assessment of the profession.

The survey respondents and the panel members were asked to evaluate the four domains in terms of importance and frequency, using the same five-point scale. Survey respondents and panel members were also asked to estimate the percentage of time an Adult Recovery Peer Specialist spends performing duties in these domains.

## A. Importance Ratings

Respondents were asked to use the five-point scale (see table A-1, below) to respond to the following question, “How important is the domain, relative to the other domains, to the job performance of an Adult Recovery Peer Specialist?”

Table A-1: Importance Rating Scale

Rating	Description
1	Not Important
2	Somewhat Important
3	Important
4	Very Important
5	Extremely Important

As shown in Table A-2, all four of the domains were evaluated as being important by survey respondents, as the lowest rating was 4.3.

Table A-2: Importance Ratings – Survey Respondents

Performance Domains	Survey Importance Ratings	Panelists’ Importance Ratings
Advocacy	4.325	4.552
Professional Responsibility	4.440	4.421
Mentoring	4.548	4.548
Recovery Support	4.496	4.321

## B. Frequency Ratings

Respondents were asked to use the five-point scale (see table B-1, below) to respond to the following question, “How much time, on average, does an Adult Recovery Peer Specialist spend performing duties in these domains, relative to the other domains?”

Table B-1: Frequency Rating Scale

Rating	Description
1	Never
2	Rarely
3	Infrequently
4	Frequently
5	Repetitively

As shown in Table B-2, all four domains were evaluated as being performed an average or fair amount of time, with the lowest rating at 3.7.

Table B-2: Frequency Ratings – Survey Respondent

Performance Domains	Survey Frequency Ratings	Panelists' Frequency Ratings
Advocacy	3.890	3.874
Professional Responsibility	3.794	4.132
Mentoring	4.162	4.878
Recovery Support	4.080	3.922

### **C. Summary of Findings Regarding Domains**

As shown in the tables in the preceding pages, the perception of the profession by the survey respondents is consistent with the perception of the panelists. Both groups found all four domains “important” to “extremely important.” While there were some differences in the frequency and estimated percentages, the differences were not by significant values. In fact, the minor differences between the panelists and survey respondents in terms of the frequency and estimated percentage of time spent in the domains may be attributed to the small number of panel members per the workshop design. The small number of panel members needed to conduct the RDS Workshop (Phase 1) is one reason why a validation survey (Phase 2) is sent to a larger audience.

In accordance with standard practice, the test blueprint is computed based on the survey responses rather than the panelists' ratings. However, in the final acceptance of the test blueprint, the data from the workshop panelists may also be considered.

### **The Test Blueprint**

The final phase of the Role Delineation Study was to develop the test blueprint. The test blueprint provides the exact number of items from each domain and task that should appear on the examination. Exam items should be developed to assess the knowledge and skills in each domain and task according to the determined percentages.

Appendix B contains a summary test blueprint, which identifies the number of items that should be on the exam for each domain and task. Appendix C contains a detailed test blueprint, which adds to the Summary Test Blueprint by including the knowledge and skill statements associated with each performance domain. The detailed test blueprint is typically helpful to item writers as examination items are developed and to curriculum developers designing competency-based instruction. In addition, the detailed blueprint provides the candidates with considerably more information regarding the scope of knowledge the examination will be measuring.

## **A. Testing Format**

A variety of testing formats exist for appropriately assessing a candidate's knowledge. Typically, multiple-choice examinations are used to measure knowledge, while performance-based examinations are used to assess skills and actual job performance. Each testing format has its advantages and its disadvantages. Ultimately, it is the decision of the certifying agency as to which examination format they prefer to use.

The Florida Certification Board recommends that the Adult Recovery Peer Specialist certification examination be in multiple-choice format. This format can be scored objectively, allows for the most thorough content coverage, and is the least expensive to administer. In addition, the FCB evaluated the tasks and associated knowledge statements outlined in the role delineation and concluded that the use of a written, multiple-choice examination format is appropriate to assess candidate performance for the Adult Recovery Peer Specialist.

The FCB recommends that the examination instrument includes 100 items. The examination blueprint has been calculated for 100 items.

## **B. Overview of Statistical Analysis**

All statistical work was conducted by the FCB's psychometrician, Dr. Akihito Kamata. When developing the test blueprint for the Adult Recovery Peer Specialist examination, the first consideration was given to the mean percentage assigned to each domain. The mean value was used to:

1. identify any task statements that should be eliminated from the test blueprint, and
2. determine the percentage of the examination that should be allocated for the domain.

First, the mean rating was calculated for "Importance" and "Frequency" by task. Tasks with a mean rating of less than 2.5 are flagged as "not important" or "not frequently performed." As expected, none of the tasks identified by the panelists in the Role Delineation Study Workshop would be eliminated as these panelists have delineated these tasks as critical for competent performance of an Adult Recovery Peer Specialist. The survey data analysis indicated that all tasks are important and are frequently performed, as the lowest survey mean rating was 3.40. Therefore, all tasks identified by the panelists were used in the development of the test blueprint.

To calculate the percentage allocated per domain, the weight of each task was determined in the following way.

- ☑ First, the average ratings for “Importance” and “Frequency” were calculated for each task.
- ☑ Next, the mean of the two ratings was calculated, establishing the Mean Combined Rating.
- ☑ Then, the mean combined rating for each of the 23 tasks was summed to establish the Total Rating Score, which is 97.18 in this case.
- ☑ Finally, the weight for each task (exam proportion) was computed by dividing the Mean Combined Rating by the Total Rating Score.

The weight of each task was determined in the following way. First, the average ratings for the Importance and the Frequency were obtained for each task. Then, the mean of the two ratings were computed (mean combined rating). Finally, the weight for each task was computed by dividing the mean combined rating by the total rating score.

Second, the number of items for each domain was determined by multiplying the number of test items (100 items) by the domain proportion and rounding to the nearest integer. As a result, the numbers of items for the 4 domains were derived as 17, 30, 31, and 22.

Third, the number of items for each task was determined within each domain. For example, for Domain 1, it was determined that 17 items are allocated for this domain. Since there are 4 tasks for this domain, 5 items should be allocated for the task with highest exam proportions, while 4 items should be allocated for the remaining tasks.

### **C. Reliability of Task Ratings**

Since the mean task ratings for importance and frequency are directly used to determine the number of exam items, it is important that the data be reliable. The reliability of the task ratings can be described as the consistency of the score/ratings that are obtained on the observed scales.

One of the most common methods used to determine the reliability of a measurement instrument is the Cronbach Coefficient Alpha (Cronbach, 1951). This statistic measures the internal consistency of responses made within a survey. A widely used rule is that the reliability coefficient should be at least .70 (Nunnally, 1978). However, it is noted that this is just a rule and there have been many studies published in the social science literature with coefficient alpha reliabilities under .70.

The coefficient reliability of each scale (importance and frequency) was calculated across all tasks. The results (see Table C-1, below) support the use of the survey respondents’ ratings to determine exam proportions of each task.

Table C-1: Reliability Estimates of the Task Ratings

Variable	Reliability Estimate
Importance	.822
Frequency	.893

With reliability estimate values greater than .80, we can assume that the respondents responded to the survey in a consistent manner with thoughtful consideration to each rating provided and that the questions relating to those tasks were appropriately interpreted by respondents.

#### **D. Summary Statistics for the Domains and Tasks**

To determine the proportion of the examination to be allocated to each domain, the mean percentage values per the survey respondents was computed. Table D-1 provides a listing of the calculated percentage (adjusted/rounded to yield 100%). The importance and frequency mean ratings for the tasks, and the calculated exam proportions, are provided in table D-2.

Table D-1: Percent of Exam Items per Domain

Domain	Percent of Exam Item
Advocacy	16.9%
Professional Responsibility	19.7%
Mentoring	31.4%
Recovery Support	22.1%

Table D-2a: Summary of Ratings with Calculated Exam Proportions by Domain

Domain	Importance Rating	Frequency Rating	Exam Proportion
Advocacy	4.325	3.890	16.9%
Professional Responsibility	4.440	3.794	29.7%
Mentoring	4.548	4.162	31.4%
Recovery Support	4.496	4.080	22.1%

Table D-2b: Summary of Ratings with Calculated Exam Proportions by Domain and Task

Domain/Task	Importance Rating	Frequency Rating	Exam Proportion
<b>Domain 1: Advocacy</b>			
Task 1.1	4.37	3.82	4.21%
Task 1.2	4.29	3.84	4.18%
Task 1.3	4.35	3.96	4.28%
Task 1.4	4.29	3.94	4.23%
<b>Domain 2: Professional Responsibility</b>			
Task 2.1	4.72	3.84	4.40%
Task 2.2	4.88	3.86	4.50%
Task 2.3	4.86	4.40	4.76%
Task 2.4	3.74	3.14	3.54%
Task 2.5	4.32	3.78	4.17%
Task 2.6	4.18	3.88	4.15%
Task 2.7	4.38	3.66	4.14%
<b>Domain 3: Mentoring</b>			
Task 3.1	4.72	4.44	4.71%
Task 3.2	4.56	4.26	4.54%
Task 3.3	4.18	3.78	4.10%
Task 3.4	4.36	4.04	4.32%
Task 3.5	4.80	4.26	4.66%
Task 3.6	4.62	4.18	4.53%
Task 3.7	4.60	4.18	4.52%
<b>Domain 4: Recovery Support</b>			
Task 4.1	4.30	4.02	4.28%
Task 4.2	4.52	4.14	4.46%
Task 4.3	4.48	4.00	4.36%
Task 4.4	4.58	4.08	4.46%
Task 4.5	4.60	4.16	4.51%

## **Conclusion**

The Adult Recovery Peer Specialist Role Delineation Study was conducted in keeping with the professional credential development standards established by the NCCA and the Joint Standards. Upon completion of the Role Delineation Study Final Report, the test blueprint is final and should not be changed until an updated Role Delineation Study is completed. In particular, the domains, tasks, and assigned percentages cannot be modified. The associated knowledge and skill statements can be modified, if necessary. However, this modification can in no way change the percentage values for the domains and tasks.

The lifespan of the Role Delineation Study and test blueprint is five years. After five years, it is recommended that another Role Delineation Study is conducted to update the domains and tasks and to assess any changes to the importance and frequency ratings. If significant changes occur, such as a significant shift in the professional body of knowledge due to advances in evidence based practice, there may be a need to consider updating the Role Delineation Study sooner than the year 2012.

## Appendix A: Validation Survey Instrument

*Note: The Survey was conducted on-line. This document duplicates the survey content and format. .*

### Introduction

The Florida Certification Board (FCB) is conducting a role delineation study (RDS) for the job classification of Certified Adult Recovery Peer Specialist. The purpose of an RDS is to identify the core performance domains of practice and the specific job tasks which are performed by Adult Recovery Peer Specialists.

The FCB follows national standards when conducting RDS' to ensure that resulting certification standards and examination instruments reflect the knowledge and skills necessary to perform competently on the job. Part of this process involves asking current practitioners to validate the core performance domains and job tasks of compulsive gambling counselors.

You have been asked to respond to this survey because of your background and experience related to helping individuals with addictive behaviors, which may include compulsive gambling. Please select the "next" button for an overview of the survey structure and directions for completing the survey.

### Survey Overview

This survey is divided into five sections.

- Section 1 asks you to rate "how important" each core job task is to the overall job performance of a compulsive gambling counselor.
- Section 2 asks you to rate "how critical" each core job task is. Criticality refers to the degree that the inability to perform the job task competently would be seen as causing harm to the client, the public, etc.
- Section 3 asks you to rate "how frequently" the counselor performs job tasks within each domain.
- Section 4 allows you to provide us with feedback regarding the performance domains and job tasks. In this section you are able to recommend performance domains and/or job tasks that you believe are missing from the survey. To view a full copy of the performance domains and job tasks, please visit the FCB website at <http://www.flcertificationboard.org/>.
- Section 5 asks you to provide your demographic information. This information is confidential and is not linked to your survey. The purpose of collecting demographic information is to ensure that we have survey data from a representative sample of practitioners.

## Survey Direction

1. You may exit and re-enter this survey at any time as long as you use the same computer. If you cannot complete the survey in one sitting, you may want to print a hard copy of the survey, complete the survey, and enter your ratings at one time.
2. Please carefully review the definitions of each rating scale before starting. The definitions are provided at the start of each section. To print a hard copy of the definitions, please visit the FCB website.
3. The survey data will not be submitted until you complete the entire survey and select the "Done" button.
4. Please select the "next" button to begin the survey. Thank you for your participation!

## Section 1: Importance

This section is divided into four performance domains. Under each domain is a list of job tasks performed by the Adult Recovery Peer Specialist within that domain. For each job task, please indicate how important each job task is to the performance of an Adult Recovery Peer Specialist. Select the number of the description that best describes how frequently the job task is performed.

1=Not Important. Performance of the task is not essential to job performance.

2=Somewhat Important. Performance of the task is minimally essential to job performance.

3=Important. Performance of the task is moderately essential to job performance.

4=Very Important. Performance of the task is clearly essential to job performance.

5=Extremely Important. Performance of the task is absolutely essential to job performance.

## Domain 1: Advocacy

1.1 Serve as the consumer's individual advocate.

1    2    3    4    5

1.2 Advocate within systems to promote consumer centered recovery support services.

1    2    3    4    5

1.3 Assure that the consumer's choices define and drive their recovery planning process.

1    2    3    4    5

1.4 Promote consumer-driven recovery plans by serving on the consumer's recovery-oriented team(s).

1    2    3    4    5

## Domain 2: Professional Responsibility

2.1 Respond appropriately to risk indicators to assure the consumer's welfare and physical safety.

1  2  3  4  5

2.2 Immediately report suspicions that the consumer is being abused or neglected according to Florida Statutes.

1  2  3  4  5

2.3 Maintain Confidentiality.

1  2  3  4  5

2.4 Communicate personal issues that affect your ability to perform job duties.

1  2  3  4  5

2.5 Assure that interpersonal relationships, services, and supports reflect the consumer's individual differences and cultural diversity.

1  2  3  4  5

2.6 Document service provision as required by the employer.

1  2  3  4  5

2.7 Gather information regarding the consumer's personal satisfaction with their progress toward recovery goals.

1  2  3  4  5

## Domain 3: Mentoring

3.1 Serve as a role model of a consumer in recovery.

1  2  3  4  5

3.2 Establish and maintain a "peer" relationship rather than a hierarchical relationship.

1  2  3  4  5

3.3 Promote social learning through shared experiences.

1  2  3  4  5

3.4 Teach consumers life skills.

1  2  3  4  5

3.5 Encourage consumers to develop independent behavior that is based on choice rather than compliance.

1  2  3  4  5

3.6 Assure that consumers know their rights and responsibilities.

1  2  3  4  5

3.7 Teach consumers how to self-advocate.

1  2  3  4  5

## Domain 4: Recovery Support

4.1 Serve as an active member of the consumer's recovery support team.

1  2  3  4  5

4.2 Assure that all recovery-oriented tasks and activities build on the consumer's strengths and resiliencies.

1  2  3  4  5

4.3 Help the consumer identify their options and participate in all decisions related to establishing and achieving recovery goals.

1  2  3  4  5

4.4 Help the consumer develop problem-solving skills so they can respond to challenges to their recovery.

1  2  3  4  5

4.5 Help the consumer access the services and supports that will help them attain their individual recovery goals.

## Section 2: Criticality

This section is divided into the same four performance domains and under each domain is the same set of job tasks that you evaluated in the last section. In this section, please indicate the degree of harm that may occur to the client, the public, etc. if the peer specialist does not perform the job task competently.

1=No Harm. Inability to perform task would have no adverse consequences.

2=Minimal Harm. Inability to perform task would lead to error with minimal adverse consequences.

3=Moderate Harm. Inability to perform task would lead to error with moderate adverse consequences.

4=Significant Harm. Inability to perform task would lead to error with major adverse consequences.

5=Extreme Harm. Inability to perform task would lead to error with severe consequences.

## Domain 1: Advocacy

1.1 Serve as the consumer's individual advocate.

1  2  3  4  5

1.2 Advocate within systems to promote consumer centered recovery support services.

1  2  3  4  5

1.3 Assure that the consumer's choices define and drive their recovery planning process.

1  2  3  4  5

1.4 Promote consumer-driven recovery plans by serving on the consumer's recovery-oriented team(s).

1  2  3  4  5

## Domain 2: Professional Responsibility

2.1 Respond appropriately to risk indicators to assure the consumer's welfare and physical safety.

1  2  3  4  5

2.2 Immediately report suspicions that the consumer is being abused or neglected according to Florida Statutes.

1  2  3  4  5

2.3 Maintain Confidentiality.

1  2  3  4  5

2.4 Communicate personal issues that affect your ability to perform job duties.

1  2  3  4  5

2.5 Assure that interpersonal relationships, services, and supports reflect the consumer's individual differences and cultural diversity.

1  2  3  4  5

2.6 Document service provision as required by the employer.

1  2  3  4  5

2.7 Gather information regarding the consumer's personal satisfaction with their progress toward recovery goals.

1  2  3  4  5

## Domain 3: Mentoring

3.1 Serve as a role model of a consumer in recovery.

1  2  3  4  5

3.2 Establish and maintain a "peer" relationship rather than a hierarchical relationship.

1  2  3  4  5

3.3 Promote social learning through shared experiences.

1  2  3  4  5

3.4 Teach consumers life skills.

1  2  3  4  5

3.5 Encourage consumers to develop independent behavior that is based on choice rather than compliance.

1  2  3  4  5

3.6 Assure that consumers know their rights and responsibilities.

1  2  3  4  5

3.7 Teach consumers how to self-advocate.

1  2  3  4  5

## Domain 4: Recovery Support

4.1 Serve as an active member of the consumer's recovery support team.

1  2  3  4  5

4.2 Assure that all recovery-oriented tasks and activities build on the consumer's strengths and resiliencies.

1  2  3  4  5

4.3 Help the consumer identify their options and participate in all decisions related to establishing and achieving recovery goals.

1  2  3  4  5

4.4 Help the consumer develop problem-solving skills so they can respond to challenges to their recovery.

1  2  3  4  5

4.5 Help the consumer access the services and supports that will help them attain their individual recovery goals.

## Section 5: Demographic Information

Please answer each of the following demographic questions. This data will be used to ensure that an appropriate sample of professionals' demographic backgrounds is represented in the survey data collection and validation study.

All demographic information is kept strictly confidential and no individual or agency will be identifiable in any report using the information collected through this survey.

1. Gender:  
 Male  Female
2. Age:  
 Under 30 years old  31-40 years old  41-50 years old  Over 50 years old
3. How many years of related professional experience do you have?  
 Less than 1 Year  1-3 Years  4-6 Years  7-10 Years  More than 10 years
4. Which of the following best describes your current work setting? Check all that apply.  
 Inpatient  Outpatient  Residential  Intensive Outpatient  
 Community Based Substance Abuse Treatment Program  
 Community Based Mental Health Treatment Program  
 Criminal Justice/Community Corrections Treatment Program  Crisis Stabilization  
 Private Practice
5. Which of the following best describes your current job function? Select only one.  
 Counselor/Therapist  Clinical Supervisor  Psychiatrist/Psychologist  
 Manager/Administrator  Other
6. Which populations do you currently serve in your job? Select only one.  
 Adult  Youth  Both
7. Which of the following best describes your work hours?  
 Part-Time  Full-Time  Other

8. In which state do you work?

9. What is your highest level of education completed? Select only one.

Some college    BA/BS Degree    MA/MS Degree    Doctoral Degree

10. Please identify current licenses and/or certifications you hold. Check all that apply.

State License    FCB Certification    National Gambling Certification

Other

11. Which of the following best describes your ethnicity/race? Select **one**.

American Indian/Native American    Asian

Black/African American    Hispanic or Latino

Native Hawaiian/Other Pacific Islander    Caucasian/White

## Appendix B: Summary Test Blueprint

### Adult Recovery Peer Specialist Summary Test Blueprint (Based on 100 multiple-choice items)

Domain / Task		Items per Task	Items per Domain
<b>Domain 1: Advocacy</b>			17
1.1	Serve as the consumer's individual advocate.	4	
1.2	Advocate within systems to promote consumer centered recovery support services.	4	
1.3	Assure that the consumer's choices define and drive their recovery planning process.	5	
1.4	Promote consumer-driven recovery plans by serving on the consumer's recovery-oriented team.	4	
<b>Domain 2: Professional Responsibility</b>			30
2.1	Respond appropriately to risk indicators to assure the consumers welfare and physical safety.	4	
2.2	Immediately report suspicions that the consumer is being abused or neglected according to 415.1034(1)(a), Florida Statute.	5	
2.3	Maintain confidentiality.	5	
2.4	Communicate personal issues that impact your ability to perform job duties.	4	
2.5	Assure that interpersonal relationships, services, and supports reflect the consumer's individual differences and cultural diversity.	4	
2.6	Document service provision as required by the employer.	4	
2.7	Gather information regarding the consumer's personal satisfaction with their progress toward recovery goals.	4	
<b>Domain 3: Mentoring</b>			31
3.1	Serve as a role model of a consumer in recovery.	5	
3.2	Establish and maintain a "peer" relationship rather than a hierarchical relationship.	5	
3.3	Promote social learning through shared experiences.	4	
3.4	Teach consumers life skills.	4	
3.5	Encourage consumers to develop independent behavior that is based on choice rather than compliance.	5	
3.6	Assure that consumers know their rights and responsibilities.	4	
3.7	Teach consumers how to self advocate.	4	

<b>Domain 4: Recovery Support</b>			22
4.1	Serve as an active member of the consumer's recovery-oriented team(s).	4	
4.2	Assure that all recovery-oriented tasks and activities build on the consumer's strengths and resiliencies.	4	
4.3	Help the consumer identify their options and participate in all decisions related to establishing and achieving recovery goals.	4	
4.4	Help the consumer develop problem-solving skills so they can respond to challenges to their recovery.	5	
4.5	Help the consumer access the services and supports that will help them attain their individual recovery goals.	5	

## Appendix C: Detailed Test Blueprint

### Adult Recovery Peer Specialist Summary Test Blueprint (Based on 150 multiple-choice items)

Domain / Task		Items per Task	Items per Domain
<b>Domain 1: Advocacy</b>			17
1.1	Serve as the consumer's individual advocate.	4	
1.2	Advocate within systems to promote consumer centered recovery support services.	4	
1.3	Assure that the consumer's choices define and drive their recovery planning process.	5	
1.4	Promote consumer-driven recovery plans by serving on the consumer's recovery-oriented team.	4	
<p><b>Knowledge, Skills and Abilities</b> that the Adult Recovery Peer Specialist should possess in order to perform the tasks identified in the <i>Advocacy</i> domain:</p> <ul style="list-style-type: none"> <li>1.a. Define system-level advocacy.</li> <li>1.b. Explain why self-advocacy is the foundation of recovery.</li> <li>1.c. Identify the consumer's individual support systems.</li> <li>1.d. Promote the principles of individual choice and self-determination.</li> <li>1.e. Explain how and why consumers should establish an Advanced Directive.</li> <li>1.f. Explain how to advocate within the mental health system.</li> <li>1.g. Define consumer-driven recovery.</li> <li>1.h. Use "person-centered" language that focuses on the individual, not the diagnoses.</li> <li>1.i. Demonstrate non-judgmental behavior.</li> </ul>			

Domain 2: Professional Responsibility			30
2.1	Respond appropriately to risk indicators to assure the consumers welfare and physical safety.	4	
2.2	Immediately report suspicions that the consumer is being abused or neglected according to 415.1034(1)(a), Florida Statute.	5	
2.3	Maintain confidentiality.	5	
2.4	Communicate personal issues that impact your ability to perform job duties.	4	
2.5	Assure that interpersonal relationships, services, and supports reflect the consumer's individual differences and cultural diversity.	4	
2.6	Document service provision as required by the employer.	4	
2.7	Gather information regarding the consumer's personal satisfaction with their progress toward recovery goals.	4	
<p><b>Knowledge, Skills and Abilities</b> that the Adult Recovery Peer Specialist should possess in order to perform the tasks identified in the <i>Professional Responsibility</i> domain:</p> <p>2.a. Explain the ten fundamental concepts of recovery as defined in the National Consensus Statement on Mental Health Recovery, which is published by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).</p> <p>2.b. Define the concept of a wellness-focused approach to consumer recovery.</p> <p>2.c. Explain the fundamental concepts related to cultural competency.</p> <p>2.d. Understand the concept of accountability.</p> <p>2.e. Explain basic federal, state, employer regulations regarding confidentiality.</p> <p>2.f. Explain what, where, when, and how to accurately complete all required documentation activities.</p> <p>2.g. Explain the concept of decompensation.</p> <p>2.h. Identify the consumers risk indicators, including individual stressors, triggers, and indicators of escalating symptoms.</p> <p>2.i. Explain basic de-escalation techniques.</p> <p>2.j. Explain basic suicide prevention concepts and techniques.</p> <p>2.k. Identify indicators that the consumer may be experiencing abuse and/or neglect.</p> <p>2.l. Identify and respond appropriately to personal stressors, triggers, and indicators.</p>			

Domain 3: Mentoring			31
3.1	Serve as a role model of a consumer in recovery.	5	
3.2	Establish and maintain a “peer” relationship rather than a hierarchical relationship.	5	
3.3	Promote social learning through shared experiences.	4	
3.4	Teach consumers life skills.	4	
3.5	Encourage consumers to develop independent behavior that is based on choice rather than compliance.	5	
3.6	Assure that consumers know their rights and responsibilities.	4	
3.7	Teach consumers how to self advocate.	4	
<p><b>Knowledge, Skills and Abilities</b> that the Adult Recovery Peer Specialist should possess in order to perform the tasks identified in the <i>Mentoring</i> domain:</p> <p>3.a. Explain the concept of mentoring.</p> <p>3.b. Explain the concept of role-modeling behaviors.</p> <p>3.c. Define social learning.</p> <p>3.d. Define self-advocacy.</p> <p>3.e. Define life skills.</p> <p>3.f. Understand basic adult learning principles and techniques.</p> <p>3.g. Use adult learning techniques to teach life skills.</p> <p>3.h. Explain the concept of healthy, interdependent relationships.</p> <p>3.i. Establish a respectful, trusting relationship.</p> <p>3.j. Use active listening skills.</p> <p>3.k. Use empathetic listening skills.</p> <p>3.l. Demonstrate non-judgmental behavior.</p> <p>3.m. Demonstrate consistency by supporting consumers during ordinary and extraordinary times.</p> <p>3.n. Promote the development and use of Advanced Directives.</p>			

<b>Domain 4: Recovery Support</b>			22
4.1	Serve as an active member of the consumer's recovery-oriented team(s).	4	
4.2	Assure that all recovery-oriented tasks and activities build on the consumer's strengths and resiliencies.	4	
4.3	Help the consumer identify their options and participate in all decisions related to establishing and achieving recovery goals.	4	
4.4	Help the consumer develop problem-solving skills so they can respond to challenges to their recovery.	5	
4.5	Help the consumer access the services and supports that will help them attain their individual recovery goals.	5	
<p><b>Knowledge, Skills and Abilities</b> that the Adult Recovery Peer Specialist should possess in order to perform the tasks identified in the <i>Recovery Support</i> domain:</p> <p>4.a. Explain the ten fundamental concepts of recovery as defined in the National Consensus Statement on Mental Health Recovery, which is published by SAMHSA.</p> <p>4.b. Explain the concept of a strength-based approach to recovery.</p> <p>4.c. Promote self-determination and consumer choice-driven recovery.</p> <p>4.d. Use active and empathetic listening skills with the consumer.</p> <p>4.e. Use Motivational Interviewing skills with the consumer.</p> <p>4.f. State the stages of change.</p> <p>4.g. State the stages of recovery.</p> <p>4.h. Identify the consumer's current state of change and/or recovery.</p> <p>4.i. Help the consumer develop problem-solving skills by working together to identify and discuss options, alternative, and possible consequences.</p> <p>4.j. Explain the typical process that should be followed to access and/or participate in community mental health and related services.</p> <p>4.k. Identify circumstances when it is appropriate to request assistance from other professionals to help meet the consumer's recovery goals.</p> <p>4.l. Identify the consumer's strengths, resiliencies, and challenges to recovery.</p> <p>4.m. Promote the consumer's empowerment by assuring that they are informed of their options and participate in all decision-making that will affect their lives.</p> <p>4.n. Help the consumer request appropriate referrals and/or access needed resources.</p>			