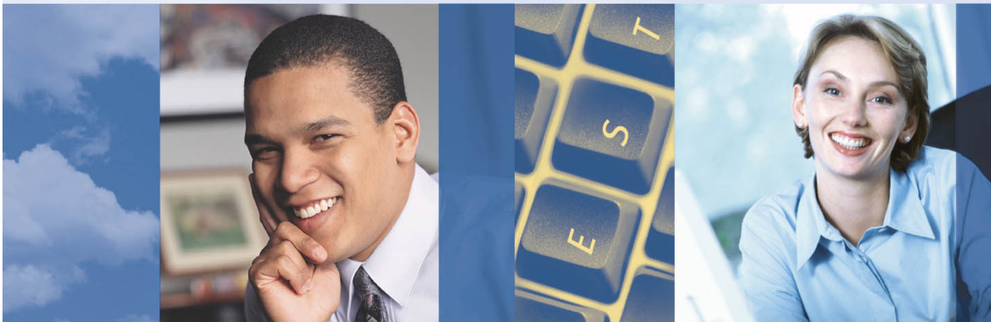
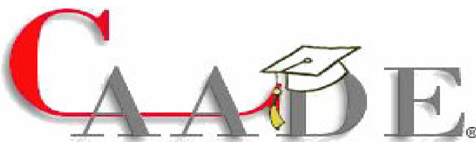
JOB ANALYSIS

Certified Addictions Treatment Counselor (CATC)

SUBMITTED TO

California Association for Alcohol/Drug Educators (CAADE)
PO Box 7297
Ventura, California 93006





PREPARED BY

COMIRA
Psychometric Services Division
110 Blue Ravine Road, Suite 160
Folsom, California 95630
916.358.8525
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EXECUTIVE SUMMARY

This report describes the procedures used to develop a reliable and valid examination program for Certified Addictions Treatment Counselors (CATC)

Several psychometrically sound procedures were used in constructing content specifications for the written examination, developing multiple-choice questions, selecting questions for the examination, and establishing the passing score. The scope of work included:

- Conducting a job analysis of current Addictions Treatment Counselors to determine frequency and priority of specific tasks.

- Developing detailed content specifications for the multiple-choice examination linking tasks and knowledge.

- Developing multiple-choice items (questions) based on the content specifications and job relatedness for new trainees following reliable and valid test construction principles.

- Providing critical review of sample examination questions by evaluating accuracy of the content and making editorial revisions

- Selecting questions for the published CATC examination based on content specifications and applicability to credentialing examination standards.

- Establishing criterion-referenced passing scores (cut scores) for the multiple-choice examination reflecting minimum standards of competent practice for new certificate holders.

The entire validation process incorporates the Standards for Educational and Psychological Testing (1999). Each aspect of the examination program is linked to content specifications. Specifications established content-related validity of the examination program by identifying the important subject matter areas involved in practice. Content specifications were the foundation for all aspects of the examination development process including item writing, item review, and test publication. Content specifications are linked to minimum competence criteria forming the basis of the passing score (cut score) and competency score.

All necessary documentation verifying the validation process has been implemented in accordance with professional standards and is included in the report.

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SECTION 1: OVERVIEW

This Role Delineation Study (RDS), , is structured into sections addressing background of the Certified Addictions Treatment Counselor (CATC) examination program and the processes involved in the job analysis, content specifications, examination development, and cut score. Whenever possible, appropriate standards are cited from the Standards for Educational and Psychological Testing (1999).

SECTION 2: INTRODUCTION

BACKGROUND

The California Association for Alcohol/Drug Educators (CAADE) was incorporated as a non-profit corporation in 1984. This organization began as an informal gathering of educators, administrators and other interested professionals. CAADE is one of the credentialing organizations included in the State of California Department of Alcohol and Drug Programs receiving national certification for meeting NCAA Standards criteria for Alcohol and Drug Counselors.

The Certified Addictions Treatment Counselor (CATC) is a credential offered by CAADE which identifies specialists who are able to facilitate behavioral change for persons affected by alcohol and other drug addictions. Counselors may be physicians, physician's assistants, nurses, nurse practitioners, psychologists, social workers, psychiatric technicians, marriage and family therapists, certified counselors, or others as long as they have training or experience in treating persons with substance use disorders.

Individuals earn a CATC credential by completing the academic and experiential requirements in Alcohol and Drug Studies from a state-accredited, CAADE approved program, or equivalent. Certified counselors have practical experience in the areas of evaluation and assessment, treatment planning, pharmacology of alcohol and other drugs, cultural issues and their relevance, models of intervention, family issues, legal and ethical issues, referrals, and recordkeeping.

UTILIZATION OF SUBJECT MATTER EXPERTS

The CAADE Certification Committee identified certified addictions treatment counselors who were engaged in active practice to provide subject matter expertise in interviews and focus groups. The subject matter experts (SMEs) who participated are experienced practitioners and were chosen because they are knowledgeable in the field.

EXAMINATION SECURITY

All persons involved in the written examination signed a nondisclosure agreement which specified that they would keep all examination materials secure, discuss the examination only during department-sponsored meetings, and avoid involvement in any examination-oriented review program for prospective candidates.

CONTENT VALIDATION STRATEGY

To ensure the examination reflected actual tasks performed by addictions treatment counselors a content validation strategy was used to establish the link between job competencies and examination content. Only persons who were addictions treatment counselors were consulted to identify the major subject matter areas used in developing the CATC examination.

PSYCHOMETRIC STANDARDS

The Standards for Educational and Psychological Testing (1999) set forth by the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education, hereafter called the Standards, serve as the standards for development of all aspects of a test, including test development, passing score, administration of tests, and reporting of results. The Standards are used by the measurement profession as the psychometric standards for validating all examinations, including licensing and certification examinations.

SECTION 2: GENERAL OVERVIEW

GENERALIZED METHODOLOGY

Subject Matter Experts (SMEs) worked closely with CAADE and with Comira psychometric staff to develop the written examination

MAJOR ACTIVITIES

Several focus groups accomplished the following tasks:

- Conducted a jobs analysis study of current job practice including frequency and importance of specific tasks.
- Developed detailed content specifications for the written examination
- Developed multiple-choice items (questions) based on content specifications and job relatedness for Addictions Treatment Counselors
- Provided critical review of questions by evaluating accuracy of the content and making editorial revisions
- Selected questions for the published examination based on content specifications
- Established criterion-referenced passing score (cut score) for the multiple-choice examination
- Assured questions, tasks, and content areas followed TAP 21 guidelines

SECTION 3: JOB ANALYSIS

PURPOSE

The purpose of the job analysis was to define current addictions treatment counselor job practice in terms of tasks to be performed and the knowledge base used by trainees to provide a foundation for the written examination.

APPLICABLE STANDARDS

The most relevant standards that apply to job analysis for credentialing examinations are:

Standard 14.8	*"Evidence of validity based on test content requires a thorough and explicit definition of the content domain of interest." (p 160)*
Standard 14.10	*"When evidence of validity based on test content is presented, the rationale for defining and describing a specific job content domain in a particular way (e.g., in terms of tasks to be performed or knowledge, skills, abilities and other personal characteristics) should be stated clearly." (p 160)*
Standard 14.14	*"The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of content for credential-worthy performance in an occupation or profession. A rationale should be provided to support a claim that the knowledge or skills being assessed are required for credential-worthy performance in an occupation and are consistent with the purpose for which the licensing or certification program was instituted." (p 161)*

METHODOLOGY

General approach

Comira's methodology is analogous to the process involved in a review of the literature for a research study in which no new references can be identified. Similarly, Comira continued data gathering in background research for the job analysis until no new tasks or knowledge were identified.

Comira conducted the job analysis with the assumption that all tasks and knowledge in addictions treatment counselor practice would be identified. The level of specificity of the tasks and knowledge was controlled in that the conceptual "size" of the tasks and knowledge required about the same amount of work. For example, each task is a unit of work rather than individual steps in a procedure. The task must be a "stand alone" unit of work that does not depend on qualifiers, e.g., properly, correctly, or, upon the context of other tasks to be meaningful.

Subject matter experts, in consultation with Comira's psychometric staff, derived the underlying knowledge by considering what organized bodies of knowledge are required to perform one or more tasks. For example, the task "Interpret relevant screening and assessment information to formulate treatment plan" requires a knowledge base such as "Knowledge of methods for obtaining relevant screening, assessment, and treatment planning information." Other bodies of knowledge could include rules, procedures, systems, methods or requirements.

Rating scales

Rating scales are important to the outcome of the job analysis assuring the resultant data will reflect importance of tasks and knowledge along a continuum. Anchors on the rating scales were constructed to ensure there were equal intervals between anchors. (e. g., very easy, easier than most, average difficulty, more difficult, most difficult).

Equal intervals are essential to the application of mathematical operations in order to determine a meaningful numeric "weight" assigned to that task. This is necessary as task ratings determine the weight of each subject matter area of the examination. For example, the mean importance of the ratings was calculated for the tasks. The average of the weights for the tasks in a subject matter area was used to determine the percentage of items to be developed for a subject matter area.

Two rating scales for the job tasks were used in the survey, Frequency and Importance (see Appendix A). Practitioners were asked to consider how often a task was performed and the importance of the tasks. A non-response option ("Not Relevant") was provided in both rating scales so respondents could indicate if the task did not apply to their job.

Background research

An important step in conducting a job analysis is to gain a conceptual understanding of the profession to be evaluated. For this job analysis, Comira conducted a thorough review of available documentation and relevant resource textbooks and manuals. By reviewing these materials, Comira became familiar with terms and concepts involved in Addictions Treatment Counselor practice, including screening and intake process, treatment plan assessment data, validated screening instruments, substance use disorders, and documentation procedures.

PROCEDURES

Transcription of tasks and knowledge

Information gathered from background materials and references was used to develop a preliminary list of job tasks and knowledge statements with a consistent format and language.

The preliminary list was reviewed by a focus group of subject matter experts. Task and knowledge statements were refined until each task and knowledge was of the same conceptual "size", structured in a consistent format and phrased in technically consistent and conceptually accurate terminology. Every task was associated with at least one knowledge item and every knowledge item was associated with at least one task. The intent of the focus group review was to provide depth and breadth in tasks and knowledge to assure they were sufficient to develop items for an examination. Task statements were used as the basis of the survey questionnaire; knowledge statements were linked to task statements when the content specifications were developed.

Survey questionnaire

The survey questionnaire consisted of two parts: (1) practitioners were asked to provide demographic information about themselves and their practice; and (2) practitioners were asked to rate the frequency and importance of 55 tasks.

Distribution and data collection

The survey questionnaire was available to all Certified Addictions Treatment Counselors via an Internet link listed on the Comira website. The online version allowed respondents to log on multiple times until the questionnaire was completed. Respondent ratings were automatically saved in a database each time the respondent logged off the system. When respondents were satisfied with their ratings, they selected "submit" and completed the questionnaire. Once the questionnaire was submitted to the server, no further ratings could be made. Practitioners could log on and obtain a randomly generated password in order to complete the survey. Hard copies of the questionnaire were made available by mail upon request. Questionnaires returned by mail were entered into a database and were merged with the database from the questionnaires submitted online with all data being statistically analyzed.

RESULTS

Response rate

One hundred seventy-six (176) addictions treatment counselors responded to the survey. One hundred sixty-one practitioners responded online and 15 responded by mail.

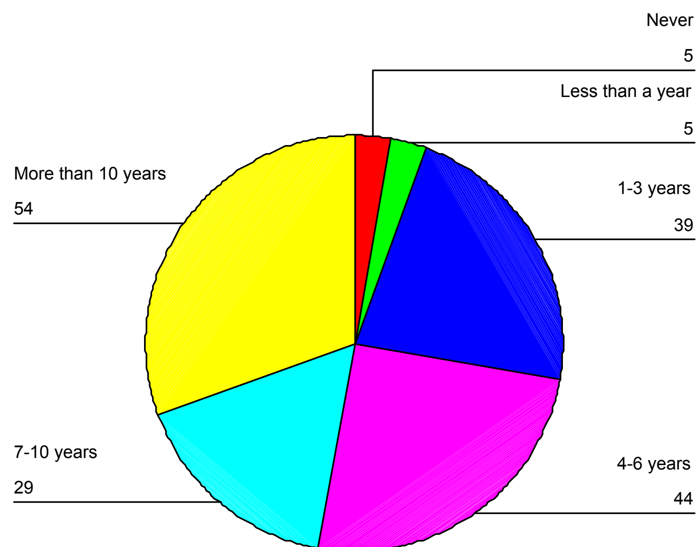
Reliability of ratings

All ratings from the questionnaire were evaluated with a standard index of reliability called coefficient alpha (α). Coefficient alpha is an estimate of the internal consistency reliability of respondents' ratings of job task and knowledge/abilities in the questionnaires. Coefficient alpha for task ratings were highly significant ($\alpha < .01$; tasks: $r = .98$).

Respondent demographics (N=176)

a) How long have you worked in the addiction field?

Figure 1 – Years worked in addictions treatment field



b) Which of the following describes your primary work setting? (176 Respondents)

Table 1 – Current work setting

College	12	15%
Community health center	1	%
Criminal justice	2	%
Drug court	4	%
Drug diversion program	5	%
DUI program	10	%
Faith based program	6	%
In-custody program	4	
Inpatient program	15	
Mental health program	7	
Outpatient program	42	24%
Outreach program	4	
Private practice	4	
Residential therapeutic community	23	
Other	37	

NOTE: Category "other" included: Residential (long/short term)(5), hospital/medical centers (3), sober facilities(3), mental health services (2), social services (2), non-profit organization (2), education (2), manager, student, vocational training school, not working, working at home, residential non-therapeutic, crisis center, veterans transitional housing, and interventionist.

c) Which one of the following best describes your job function?(176 Respondents)

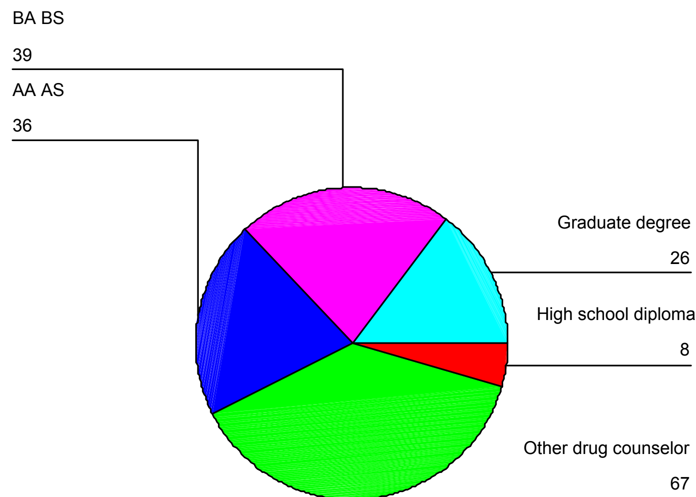
Table 2 – Job function

Case manager	27	15%
Counselor	55	
Educator	7	
Family counselor	3	
Intake counselor	6	
Interventionist	1	
Outreach worker	2	
Senior counselor	27	
Supervisor	9	
Trainee counselor	4	
Volunteer	35	20%
Other	31	

NOTE: Category "other" included: Program director/manager (13), MFT/CATC (2), student (2), clinician (2), registered nurse, not working, CEO, intensive case management, internship, intake/intervention, intake data processing/detox consultant, administrative clerk, juvenile recovery specialist, crisis dual case worker, DUI instructor, and owner.

d) <u>What is the highest level of education completed? (176 Respondents)</u>

Figure 2 – Highest level of education completed



e) <u>With which credentialing organization are you registered or certified? (176 Respondents)</u>

Respondents were asked to mark all categories that applied.

Table 3 – Credentialing organization registered or certified
(please check totals – more then 176?)

Association of Christian Alcohol and Drug Counselors	1	
Breining Institute	9	%
California Association for Alcohol and Drug Educators (CAADE)	149	%
California Association of Addiction Recovery Resources (CAARR)	6	
California Association of Alcoholism and Drug Abuse Counselors (CAADAC)	16	
California Association of Drinking Driver Treatment Programs (CADDTP)	3	
California Certification Board of Chemical Dependency Counselors (CCBCDC)	1	
Forensic Addictions Corrections Treatment (FACT)	3	
Indian Alcoholism Commission of California, Inc.	0	
Not registered or credentialed	13	

f) Which populations do you currently serve in your job? (176 Respondents)

Respondents were asked to mark all categories that applied.

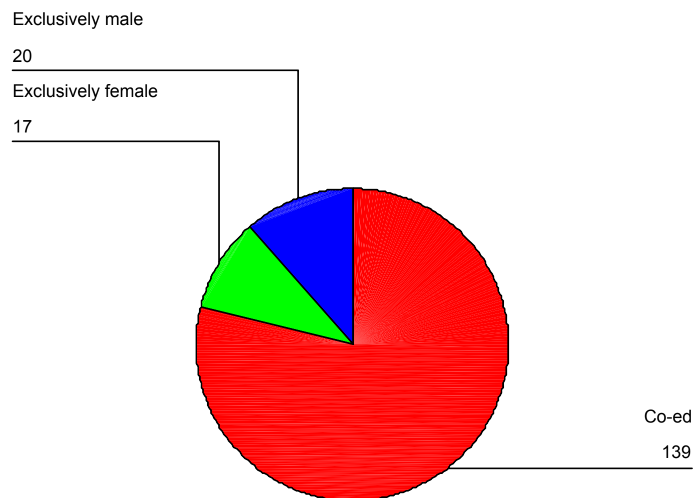
Table 4 – Populations currently served in your job

Children/Adolescents	33	19%
Adults	164	93%
Older Adults	51	29%

Note: Total exceeds 100% as respondents often served more than one population

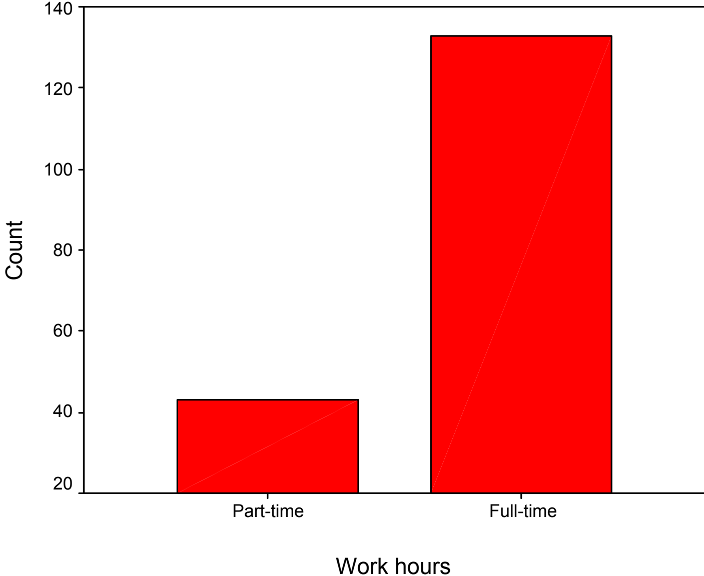
g) Which gender identity population do you currently work with? (176 Respondents)

Figure 3 – Gender population currently working with



h) Which of the following best describes your work hours? (176 Respondents)

Figure 4 – Work hours



SECTION 5: CONTENT SPECIFICATIONS

APPLICABLE STANDARDS

The most relevant standards that apply to specifications for credentialing examinations are:

Standard 3.3 *"The test specifications should be documented, along with their rationale and the process by which they were developed. The test specifications should define the content of the test, the proposed number of items, the item formats, the desired psychometric properties of the items and the item and section arrangement." (p 43)*

Standard 3.5 *"When appropriate, relevant experts external to the testing program should review the test specifications. The purpose of the review, the process by which the review is conducted, and the results of the review should be documented." (p 43-44)*

Standard 14.4 *"The content domain to be covered …should be defined clearly and justified in terms of the importance of the content for credential-worthy performance in an occupation or profession. A rationale should be provided to support a claim that the knowledge or skills being assessed are required for credential-worthy performance in an occupation and are consistent with the purpose for which the licensing or certification program was instituted." (p. 161)*

PROCESS

A focus group of certified Addictions Treatment Counselors was convened to identify the major subject matter areas that should be included in the content specifications. The group reviewed the mean importance (criticality) ratings for each of the tasks and agreed that the ratings reflected current practice. The mean ratings for each task as well as the criticality ratings are presented in Appendix B.

LINKAGE OF TASKS AND KNOWLEDGE

The focus group of subject matter experts confirmed the linkage between tasks and knowledge. As stated earlier, it was considered important to have every task associated with at least one knowledge item and every knowledge item associated with at least one task.

The purpose of the linkage exercise was a final check in the creation of specifications in which all information was used to develop examinations. By establishing formal linkages, the focus group verified items to be included in the examinations would be based on tasks that had a knowledge base.

CONTENT AREA WEIGHTS

Relative weights of content areas in the content specifications were calculated by summing the mean importance values of the tasks in each area, dividing the sum by the number of tasks in that area, and obtaining the proportion for each area. For example, if the sum of mean task importance values for “I. Clinical Evaluation” was 102.23, the weight of the content area (11%) was calculated by taking the sum (102.23), dividing it by the sum of all the task ratings (938.29) and calculating the ratio of 102.23/938.29.

SUMMARY OF CONTENT SPECIFICATIONS

Final content specifications contain eight major subject matter areas. Summaries of areas covered in the content specifications are presented on the following pages.

I. Clinical evaluation (11%)
II. Treatment planning (16%)
III. Referral (5%)
IV. Service coordination (5%)
V. Counseling (24%)
VI. Client, family, and community education (11%)
VII. Documentation (16%)
VIII. Professional and ethical responsibilities (12%)

I. Clinical Evaluation (11%) – The systematic approach to screening and assessment of individuals thought to have a substance use disorder; being considered for admission to addiction-related services, or presenting in a crisis situation.

Tasks

T1. Gather relevant screening and assessment data from client and other collateral sources by using screening/assessment instruments and other methods that are sensitive to age, developmental level, gender, culture, trauma, and disabilities.
T2. Gather relevant clinical history and family history to perform a comprehensive assessment.
T3. Assess client for symptoms of substance toxicity, intoxication, and withdrawal with standardized instruments or other clinical methods.
T4. Assess client's history and behavior to determine other physical and psychiatric problems.
T5. Assess client for behavior that may result in harm to self or others with standardized instruments or other clinical methods.
T6. Determine client's readiness for treatment and change as well as needs of significant others.

Knowledge

K1. Knowledge of validated screening instruments for substance use and mental status, including their purpose, application and limitations.
K2. Knowledge of methods to interpret results of screening data.
K3. Knowledge of methods to gather and use information from collateral sources.
K4. Knowledge of effect of age, developmental level, culture and gender with patterns and history of substance use.
K5. Knowledge of effect of age, developmental level, culture and gender on communication.
K6. Knowledge of presenting features of mental status and relationship to substance use disorders and psychiatric conditions.
K7. Knowledge of symptoms of intoxication, withdrawal and toxicity for addictive substances, alone and in interaction with one another.
K8. Knowledge of toxicology reporting language and meaning of toxicology reports.
K9. Knowledge of relationship between substance use and violence.
K10. Knowledge of diagnostic criteria for determining danger to self and danger to others.
K11. Knowledge of diagnostic criteria for withdrawal syndromes.
K12. Knowledge of diagnostic criteria for major psychiatric conditions.
K13. Knowledge of mental and physical conditions that mimic drug intoxication, toxicity, and withdrawal.
K14. Knowledge of validated instruments for assessing readiness to change.
K15. Knowledge of criteria for substance use disorders including the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-R).
K16. Knowledge of criteria for client placement into levels of care.
K17. Knowledge of admission and referral protocols.
K18. Knowledge of comprehensive assessment process that is sensitive to age, gender, racial/ethnic culture, and disabilities, e.g., family issues, history of criminality, levels of cognitive and behavioral functioning.
K19. Knowledge of methods for scoring assessment instruments.
K20. Knowledge of biopsychosocial assessment methods.
K21. Knowledge of theories, concepts, and philosophies of screening and assessment tools.
K22. Knowledge of methods for assessing social systems that may affect the client's process in treatment.
K23. Knowledge of techniques to elicit background information regarding client's substance use from client, family, and/or significant others.
K24. Knowledge of initial and ongoing placement criteria for substance abuse treatment programs.
K25. Knowledge of client's and system's cultural norms, biases, and preferences.
K26. Knowledge of basic concepts of toxicity screening options and limitations.
K27. Knowledge of effects of chronic substance use or intoxication on cognitive abilities.

II. Treatment Planning (16%) – A collaborative process in which professional and the client develop a written document that identifies important treatment goals; describes measurable, time-sensitive action steps toward achieving those goals with expected outcomes; and reflects a signed agreement between a counselor and client.

Tasks

T7. Interpret relevant screening and assessment information to formulate treatment plan.
T8. Prioritize client needs and services to develop a plan for intervention.
T9. Develop treatment goals and objectives by collaborating with client, family and significant others.
T10. Develop realistic short and long-term strategies to achieve treatment goals for behavioral change.
T11. Develop mutually agreed upon treatment options consistent with client's needs, goals, and financial resources.
T12. Identify collateral support systems consistent with client needs.
T13. Determine evaluation criteria and schedule for reassessment to monitor progress toward goals and objectives.
T14. Modify treatment plan as indicated by changes in client needs and expectations.
T15. Plan continuing care, relapse prevention, and discharge planning with client, family and significant others.

Knowledge

K86. Knowledge of effects of client's biological, psychological, social, and spiritual needs and resources.
K87. Knowledge of accepted treatment outcome measures.
K88. Knowledge of treatment options for substance abuse.
K89. Knowledge of continuum of care and available range of treatment modalities for substance abuse.
K90. Knowledge of barriers to treatment of substance abuse.
K91. Knowledge of factors affecting client's comprehension of assessment data.
K92. Knowledge of treatment alternatives, including no treatment.
K93. Knowledge of treatment needs of diverse populations.
K94. Knowledge of procedures for developing specific and measureable goals and objectives of treatment.
K95. Knowledge of relationship between problem statements, treatment goals, objectives and intervention strategies.
K96. Knowledge of methods for evaluating treatment progress.
K97. Knowledge of factors to consider in determining when to revise treatment plan.
K98. Knowledge of methods for obtaining relevant screening, assessment, and treatment planning information.
K99. Knowledge of methods to define short- and long-term goals of treatment.
K100. Knowledge of treatment schedule, timeframes, admission and discharge criteria.
K101. Knowledge of methods for continuous assessment and modification of treatment plan.
K102. Knowledge of methods to assess progress toward treatment goals.
K103. Knowledge of discharge planning process.
K104. Knowledge of indicators for discharge from treatment program.
K105. Knowledge of strategies to support recovery.
K106. Knowledge of age and gender differences in substance use.

III. Referral (5%) – The process of facilitating the client's use of available support systems and community resources to meet needs identified in clinical evaluation or treatment planning.

Tasks

T16. Make referrals to and placements with other professionals, agencies, community programs, or other resources to meet client's needs.
T17. Explain necessity for and process of referral to client to increase likelihood of client understanding and follow through.
T18. Evaluate outcomes of services received from referrals to determine need for change of referral services.

Knowledge

K68. Knowledge of intervention strategies, onsite services, and outside referral options.
K69. Knowledge of factors to consider when determining the appropriate time to engage client in the referral process.
K70. Knowledge of resources for assistance with drug reactions, withdrawal and violent behavior.
K71. Knowledge of treatment interventions, client placement criteria and outside referral options.
K72. Knowledge of levels of care and existing placement criteria.
K73. Knowledge of importance of age, developmental and educational level, gender, and racial/ethnic culture on coordination of resources.
K74. Knowledge of resources for legal consultation for clients.
K75. Knowledge of community resources for children and other household members affected by substance abuse.
K76. Knowledge of methods to access information on referral criteria and accreditation status of community service providers.
K77. Knowledge of referral protocols of selected service providers.
K78. Knowledge of terminology and structure used in referral settings.
K79. Knowledge of methods to access and transmit information necessary for referral.
K80. Knowledge of eligibility criteria for referral to community service providers.
K81. Knowledge of culture, gender, age-appropriate prevention, treatment and recovery resources.

IV. Service Coordination (5%) – The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan.

Tasks

T19. Perform required administrative procedures to admit client to treatment, e.g., confirm eligibility criteria.
T20. Coordinate treatment activities with referral service providers consistent with the client's diagnosis and existing placement criteria.
T21. Establish mutually agreed upon expectations for treatment and recovery.

Knowledge

K82. Knowledge of relationship among client needs, available treatment options, and other community resources.
K83. Knowledge of treatment sequencing and the continuum of care.
K84. Knowledge of techniques to access community agencies and service providers.
K85. Knowledge of methods to access information regarding the function, mission, and resources of community service providers.

V. Counseling (24%) – A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives.

Tasks

T22. Facilitate client recognition of behaviors which are consistent with health practices that manage and prevent infectious diseases.
T23. Explain assessment findings to client, family and significant others in nontechnical terms.
T24. Assist client in recognizing the effect of substance abuse on current life problems and effects of continued use.
T25. Engage the client in the treatment plan by using the strategies of motivational interviewing.
T26. Facilitate client's motivation to engage in the treatment and recovery process.
T27. Facilitate development of basic life skills associated with client's recovery, e.g., stress management, relaxation, communication, assertiveness, refusal skills.
T28. Reinforce actions which assist client in progressing toward treatment goals.
T29. Facilitate client recognition of behaviors that are consistent vs. inconsistent with progress toward treatment goals to maintain treatment progress and prevent relapse.
T30. Manage crisis situations in individuals, families and groups that may arise during the course of treatment with crisis prevention and management skills.
T31. Facilitate participation of family and significant others in client's intervention, treatment and recovery process.
T32. Facilitate families, couples, and significant others in understanding the interaction between the family system and substance use behaviors.
T33. Facilitate families, couples, and significant others in adopting strategies and behaviors that sustain recovery toward developing healthy relationships.
T34. Assess treatment and recovery progress based on improvement in client status to ensure progress toward treatment goals.
T35. Facilitate continuing care, relapse prevention, and discharge planning with client, family and significant others.

Knowledge

K28. Knowledge of progression and characteristics of substance use disorders.
K29. Knowledge of denial and other defense mechanisms in client resistance.
K30. Knowledge of stages of readiness to change addictive behavior.
K31. Knowledge of stages of change models for addictive behavior.
K32. Knowledge of role of family and significant others in supporting or hindering change.
K33. Knowledge of techniques to empower clients to overcome addiction.
K34. Knowledge of crisis prevention and intervention methods.
K35. Knowledge of client defenses, abilities, personal preferences, cultural influences, presentation, and appearance and their effect on referral and follow through.
K36. Knowledge of signs and symptoms of relapse.
K37. Knowledge of relapse prevention strategies.
K38. Knowledge of counseling methods that support positive client behaviors consistent with recovery.
K39. Knowledge of basic and life skills associated with recovery.
K40. Knowledge of addiction counseling strategies.
K41. Knowledge of client behavior consistent with recovery.
K42. Knowledge of dynamics associated with substance use, abuse, dependence, and recovery in families, couples, and significant others.
K43. Knowledge of cultural factors related to the effect of substance use disorders on families, couples and significant others.
K44. Knowledge of healthy behavioral patterns for families, couples and significant others.
K45. Knowledge of stages of recovery for families, couples, and significant others.

VI. Client, Family, and Community Education (11%) – The process of providing clients, families, significant others, and community groups with information on risks related to psychoactive substance use, as well as available prevention, treatment, and recovery resources.

Tasks

T36. Provide education to clients, community or groups regarding risk factors for substance use disorders.

T37. Provide education to clients, community or groups regarding substance abuse prevention, intervention, treatment, and recovery.

T38. Provide education to clients, community or groups regarding warning signs, symptoms, and course of substance use disorders.

T39. Provide education to clients, community or groups which describe how substance use disorders affect families and society.

T40. Provide education to clients, community or groups regarding continuum of care and available resources for substance use disorders.

T41. Provide education to clients, community or groups which describes health and behavior problems related to substance use; e.g. domestic violence.

Knowledge

K52. Knowledge of impact of client and family systems on treatment decisions and outcomes.

K53. Knowledge of relationship among substance abuse lifestyles, risky sexual behaviors and transmission of infectious diseases.

K54. Knowledge of methods for health enhancement.

K55. Knowledge of client's family and social systems and relationships between each.

K56. Knowledge of effects of substance use behaviors on interaction patterns.

K57. Knowledge of effect of substance use by one family member on other family members or significant others.

K58. Knowledge of family's potential positive or negative influence on development and continuation of a substance use disorder.

K59. Knowledge of role of families, couples or significant others in treatment and recovery.

K60. Knowledge of continuum of use and abuse, including warning signs and symptoms of developing substance use disorder.

VII. Documentation (16%) – The recording of the screening and intake process, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client-related data.

Tasks

T42. Document screening, intake, and assessment reports consistent with accepted standards and administrative rules.
T43. Document assessment findings and treatment recommendations consistent with accepted standards and administrative rules.
T44. Document treatment and continuing care plan according to criteria for placement, continued stay, and discharge consistent with accepted standards and administrative rules.
T45. Document treatment outcomes using accepted methods and instruments consistent with accepted standards and administrative rules.
T46. Document client progress in relation to treatment goals and objectives using accepted standards and administrative rules, e.g., identify needs and issues that may require modification in treatment plan.
T47. Document treatment and recovery expectations to client, family and significant others including nature of services, program goals, program procedures, rules regarding client conduct, schedule of treatment activities, and client rights and responsibilities.
T48. Document service coordination activities throughout the continuum of care using accepted standards and administrative rules.
T49. Document discharge summaries using accepted standards and administrative rules.
T50. Document treatment goals and objectives in progress notes.

Knowledge

K46. Knowledge of protocols and procedures for documenting findings and treatment recommendations.
K47. Knowledge of terminology and abbreviations used in documentation of substance abuse.
K48. Knowledge of protocols required by managed care organizations.
K49. Knowledge of requirements for documentation of drug treatment.
K50. Knowledge of documentation requirements for addiction counseling, funding sources, and service providers.
K51. Knowledge of essential components of client records including release forms, assessments, treatment plans, progress notes, discharge summaries and plans.

VIII. Professional and Ethical Responsibilities (12%) – The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.

Tasks

T51. Maintain confidentiality of client information in written and oral communications in accordance with code of conduct and government statutes, e.g., communication of information with third parties.
T52. Comply with professional code of conduct in accordance with code of conduct and government statutes.
T53. Recognize situations outside the competencies of an AOD counselor.
T54. Comply with the CAADE scope of practice.
T55. Comply with government requirements of federal and state laws relevant to treatment of substance use disorders.

Knowledge

K61. Knowledge of laws pertaining to mandated reporting of abuse and neglect.
K62. Knowledge of regulations pertaining to client records.
K63. Knowledge of standards of practice pertaining to confidentiality of client information.
K64. Knowledge of rules and regulations pertaining to confidentiality of client records.
K65. Knowledge of rules and regulations pertaining to client rights and responsibilities.
K66. Knowledge of rules and regulations pertaining to client consent procedures.
K67. Knowledge of ethical standards related to confidentiality and professional conduct.

SECTION 6: EXAMINATION DEVELOPMENT

APPLICABLE STANDARDS

Several standards apply to the validation of examinations:

Standard 3.1	*"Tests and testing programs should be developed on a sound scientific basis. Test developers and publishers should compile and document adequate evidence bearing on test development." (p. 43)*
Standard 3.7	*"The procedures used to develop, review, and try out items, and to select items from the item pool should be documented." (p. 44)*
Standard 3.11	*"Test developers should document the extent to which the content domain of a test represents the defined domain and test specifications." (p. 45)*
Standard 14.14	*"The content domain to be covered…should be defined clearly and justified in terms of the importance of the content for credential-worthy performance in an occupation or profession. A rationale should be provided to support a claim that the knowledge or skills being assessed are required for credential-worthy performance in an occupation and are consistent with the purpose for which the licensing or certification program was instituted…. In tests used for licensure, skills that may be important to success but are not directly related to the purpose of licensure, e.g., protecting the public, should not be included." (p. 161)*

STRATEGY

CAADE convened two focus groups to create questions (items) for the examination. By doing so, the content of the items was created and reviewed in a controlled setting, where participants could exchange feedback from other participants regarding the technical content of items.

PROCEDURES

Item development

Subject matter experts (SMEs) were provided a formal orientation in the principles of good item construction, opportunities to familiarize themselves with the content specifications, and opportunities to work with fellow SMEs to create the items. For each item, considerable emphasis was placed on specifying the linkage of item content to the content specifications and providing a citation from an authoritative reference source. Therefore, each item was linked to a specific topic in the specifications and to a page or section of an authoritative reference source. There were numerous opportunities for individual assistance with item development as well as opportunities for review by other SMEs.

Item review

Formal orientation was provided to benefit persons who were previously involved in item development and persons who were new to the process. SMEs worked individually or in pairs in a face-to-face focus group to provide initial review of the items and then reviewed the items as a group. Items were evaluated for clarity, technical accuracy, readability, and applicability to actual job situations.

Test publication

Comira considered several factors when selecting items for the examination: the percentage of items designated for each area in the content specifications, depth and breadth of content coverage in each area, and similarity/dissimilarity of item content.

The process for selecting items involved selecting all items content area by content area for the examination, e.g., for clinical evaluation, then, items for treatment planning, items for referral, and so on, until all items were selected.

As a final step, a draft form of the written examination was critically reviewed by practicing addictions treatment counselors in order for final revisions toe made.

SECTION 7: ESTABLISHMENT OF CUT SCORE

MEANING OF A PASSING SCORE

A criterion-referenced passing score, or cut score, is the score that reflects minimum standards of competent practice for new certificate holders. The cut score is based upon the difficulty of the items in an examination, not the scores of candidates who sat for an examination.

UNDERLYING PREMISE

The underlying premise of cut score ratings is minimum competence criteria required for safe, competent practice. The criteria defines minimum competence in terms of critical, job-related work behaviors and takes into account the training and experience candidates would bring to the examination.

APPLICABLE STANDARDS

The most relevant standards applicable to passing scores are:

Standard 3.4	*"The procedures used to interpret test score, and, when appropriate the normative or standardization samples or the criterion used should be documented." (p. 43)*
Standard 14.17	*"The level of performance required for passing a credentialing test should depend on the knowledge and skills necessary for acceptable performance in the occupation or profession and should not be adjusted to regulate the number or proportion of persons passing the test." (p. 162)*

PROCEDURES

A criterion-referenced passing score methodology (modified Angoff) was implemented to establish the lowest score that would qualify candidates to be minimally qualified. The ratings are based upon the question, "What percentage of minimally competent candidates would answer this item correctly?" There is emphasis on "would" versus "should" because minimum competence standards are based on what would actually happen rather than what a minimally competent candidate should be doing. The ratings for each item ranged from 25% (guessing) to 95% (very easy).

The major steps were:

a) Reviewing the purpose of the examination so that SMEs understood that the examination was designed to identify candidates who possessed the minimum competence to practice without harming the public health, safety, or welfare.

b) Reviewing the meaning of the cut score so that SMEs understand that the cut score means that, yes or no, candidates possess a certain level of competence.

c) Reviewing minimum qualifications for taking the examination to gain an understanding of what training and experience practitioners bring to the examination.

d) Reviewing the content specifications for the examination to understand the breadth and depth of the content covered in the items.

e) Identifying minimum competence behaviors that represented highly effective and ineffective performance so that SMEs had a common understanding of the behaviors that could be exhibited by minimally competent candidates. The SMEs were instructed to consider these behaviors during the rating process of the passing score workshop.

f) Taking and self-scoring the examinations to assist SMEs in gaining an understanding of the difficulty of the items and the structure of the examination from the perspective of the candidates.

g) Providing an orientation to the rating process so that SMEs were basing their ratings on the minimum competence criteria. First, SMEs were asked to make independent ratings (Round 1) for a few items and provide their rationales for their ratings to the group. Then, SMEs were asked to consider the rationales of others in the group and make final ratings (Round 2). SMEs were not required to reveal their final ratings to the group.

h) Proceeding with the rating process for blocks of items until ratings were obtained for all items of the examination.

CALCULATION OF CUT SCORE

Comira calculated the cut score by summing all of the Round 2 ratings in the examination and dividing it by the number of subject matter experts. This method involves only one mathematical calculation and avoids rounding errors.

The resulting cut score is a mathematically scaled score of 70; therefore, candidates who achieved scores at or above 70 were identified as those who demonstrated sufficient knowledge to meet minimum standards.

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SECTION 8: REFERENCES

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APPENDIX A: RATING SCALES

FREQUENCY

For each task, consider how often you performed this task over the past year, and make your judgments relative to all other tasks you perform:

0 - NOT RELEVANT, does not apply to my job

1 - RARELY – This task is one of the least frequently performed tasks in my job.

2 - SELDOM – This task is performed infrequently relative to other tasks that I perform in my job.

3 - OCCASIONALLY – This task is performed somewhat frequently and is about average relative to all other tasks that I perform in my job.

4 - OFTEN – This task is performed more frequently than most other tasks in my job.

5 - VERY OFTEN – This task is performed almost constantly and is one of the most frequently performed tasks in my job.

IMPORTANCE

Consider the importance of the task to performance in your current job.

0 - NOT RELEVANT, does not apply to my job

1 - OF MINOR IMPORTANCE – This task is of minor or incidental importance for job performance; it is useful for some minor part of the job.

2 - FAIRLY IMPORTANT – This task is fairly important relative to other tasks; however, it does not have the priority of most other tasks of my job.

3 - MODERATELY IMPORTANT – This task is moderately important for job performance in some relatively major part of my job.

4 - VERY IMPORTANT – This task is very important for job performance in a significant part of my job.

5 - CRITICALLY IMPORTANT – This task is critically important for job performance.

APPENDIX B: TASK RATINGS

Item		Frequency	Importance	Criticality ∑ (Freq X Imp)
	I. Clinical Evaluation			
T1.	Gather relevant screening and assessment data from client and other collateral sources by using screening/assessment instruments and other methods that are sensitive to age, developmental level, gender, culture, trauma, and disabilities.	3.77	4.22	17.43
T2.	Gather relevant clinical history and family history to perform a comprehensive assessment.	3.70	4.08	16.86
T3.	Assess client for symptoms of substance toxicity, intoxication and withdrawal with standardized instruments or other clinical methods.	3.38	3.94	15.10
T4.	Assess client's history and behavior to determine other physical and psychiatric problems.	3.92	4.30	18.34
T5.	Assess client for behavior that may result in harm to self or others with standardized instruments or other clinical methods.	3.76	4.26	17.78
T6.	Determine client's readiness for treatment and change as well as needs of significant others.	3.71	4.03	16.72
	II. Treatment Planning			
T7.	Interpret relevant screening and assessment information to formulate treatment plan.	3.73	4.22	17.41
T8.	Prioritize client needs and services to develop plan for intervention.	3.61	4.01	16.52
T9.	Develop treatment goals and objectives by collaborating with client, family and significant others.	3.20	3.78	14.22

Item		Frequency	Importance	Criticality ∑ (Freq X Imp)
T10.	Develop realistic short- and long-term strategies to achieve treatment goals for behavioral change.	3.84	4.15	17.70
T11.	Develop mutually agreed upon treatment options consistent with client's needs, goals, and financial resources.	3.68	4.09	16.86
T12.	Identify collateral support systems consistent with client needs.	3.72	4.19	16.87
T13.	Determine evaluation criteria and schedule for reassessment to monitor progress toward goals and objectives.	3.45	3.91	15.38
T14.	Modify treatment plan as indicated by changes in client needs and expectations.	3.48	3.98	15.64
T15.	Plan continuing care, relapse prevention, and discharge planning with client, family and significant others.	3.51	4.06	16.28
	III. Referral			
T16.	Make referrals to and placements with other professionals, agencies, community programs, or other resources to meet client's needs.	3.78	4.22	17.19
T17.	Explain necessity for and process of referral to client to increase likelihood of client understanding and follow through.	3.81	4.19	17.20
T18.	Evaluate outcomes of services received from referrals to determine need for change of referral services.	3.16	3.73	13.45

Item		Frequency	Importance	Criticality ∑ (Freq X Imp)
	IV. Service Coordination			
T19.	Perform required administrative procedures to admit client to treatment, e.g., confirm eligibility criteria.	3.35	3.72	14.88
T20.	Coordinate treatment activities with referral service providers consistent with client’s diagnosis and existing placement criteria.	3.43	3.78	15.00
T21.	Establish mutually agreed upon expectations for treatment and recovery.	3.84	4.12	17.53
	V. Counseling			
T22.	Facilitate client recognition of behaviors which are consistent with health practices that manage and prevent infectious diseases.	3.31	3.91	14.61
T23.	Explain assessment findings to client, family and significant others in nontechnical terms.	3.26	3.73	14.27
T24.	Assist client in recognizing effect of substance abuse on current life problems and effects of continued use.	4.34	4.51	20.58
T25.	Engage the client in treatment plan by using strategies of motivational interviewing.	3.97	4.23	18.34
T26.	Facilitate client’s motivation to engage in treatment and recovery process.	4.16	4.43	19.52
T27.	Facilitate development of basic life skills associated with client’s recovery, e.g., stress management, relaxation, communication, assertiveness, refusal skills.	3.91	4.18	18.08

Item		Frequency	Importance	Criticality $\sum$ (Freq X Imp)
T28.	Reinforce actions which assist client in progressing toward treatment goals.	4.14	4.34	19.35
T29.	Facilitate client recognition of behaviors that are consistent versus inconsistent with progress toward treatment goals to maintain treatment progress and prevent relapse.	4.05	4.25	18.71
T30.	Manage crisis situations in individuals, families and groups that may arise during course of treatment with crisis prevention and management skills.	3.45	4.13	15.87
T31.	Facilitate participation of family and significant others in client's intervention, treatment and recovery process.	2.64	3.58	11.40
T32.	Facilitate families, couples and significant others in understanding the interaction between family system and substance use behaviors.	2.56	3.55	11.20
T33.	Facilitate families, couples and significant others in adopting strategies and behaviors that sustain recovery toward developing healthy relationships.	2.58	3.54	11.37
T34.	Assess treatment and recovery progress based on improvement in client status to ensure progress toward treatment goals.	3.66	4.01	16.59
T35.	Facilitate continuing care, relapse prevention and discharge planning with client, family and significant others.	3.29	3.85	14.99

Item		Frequency	Importance	Criticality ∑ (Freq X Imp)
	VI. Client, Family, and Community Education			
T36.	Provide education to clients, community or groups regarding risk factors for substance use disorders.	3.73	4.14	16.78
T37.	Provide education to clients, community or groups regarding substance abuse prevention, intervention, treatment and recovery.	3.75	4.24	17.06
T38.	Provide education to clients, community or groups regarding warning signs, symptoms and course of substance use disorders.	3.73	4.23	16.90
T39.	Provide education to clients, community or groups which describe how substance use disorders affect families and society.	3.68	4.21	16.65
T40.	Provide education to clients, community or groups regarding continuum of care and available resources for substance use disorders.	3.64	4.11	16.30
T41.	Provide education to clients, community or groups which describes health and behavior problems related to substance use, e.g., domestic violence.	3.60	4.10	16.31
	VII. Documentation			
T42.	Document screening, intake and assessment reports consistent with accepted standards and administrative rules.	3.99	4.27	18.32
T43.	Document assessment findings and treatment recommendations consistent with accepted standards and administrative rules.	3.99	4.26	18.30

Item		Frequency	Importance	Criticality ∑ (Freq X Imp)
T44.	Document treatment and continuing care plan according to criteria for placement, continued stay and discharge consistent with accepted standards and administrative rules.	3.69	4.04	16.79
T45.	Document treatment outcomes using accepted methods and instruments consistent with accepted standards and administrative rules.	3.52	3.91	15.82
T46.	Document client progress in relation to treatment goals and objectives using accepted standards and administrative rules, e.g., identify needs and issues that may require modification in treatment plan.	3.74	4.04	17.07
T47.	Document treatment and recovery expectations to client, family and significant others including nature of services, program goals, program procedures, rules regarding client conduct, schedule of treatment activities and client rights and responsibilities.	3.53	3.95	16.19
T48.	Document service coordination activities throughout the continuum of care using accepted standards and administrative rules.	3.49	3.93	15.63
T49.	Document discharge summaries using accepted standards and administrative rules.	3.49	3.95	15.90
T50.	Document treatment goals and objectives in progress notes.	3.90	4.12	18.30

Item		Frequency	Importance	Criticality ∑ (Freq X Imp)
	VIII. Professional and Ethical Responsibilities			
T51.	Maintain confidentiality of client information in written and oral communications in accordance with code of conduct and government statutes, e.g., communication of information with third parties.	4.77	4.87	23.56
T52.	Comply with professional code of conduct in accordance with code of conduct and government statutes.	4.88	4.94	24.27
T53.	Recognize situations outside the competencies of an AOD counselor.	4.52	4.76	21.98
T54.	Comply with CAADE scope of practice.	4.69	4.69	22.98
T55.	Comply with government requirements of federal and state laws relevant to treatment of substance use disorders.	4.85	4.87	23.94