Executive Summary
of the
2020 Role Delineation Study-Job Task Analysis
March-September 2020
for the
Veteran Supported Recovery Certification
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In early 2020, the Alcoholism and Substance Abuse Providers-New York Certification Board (ASAP-NYCB) announced a new Veteran Supported Recovery (VSR) specialty certification to be developed that year. The VSR is not a stand-alone certification and is intended to be a specialization that builds upon the existing peer certifications offered by ASAP-NYCB (CRPA and CARC), and equivalent. As a first step in the development process, the ASAP-NYCB undertook a role delineation study-job task analysis to ensure the resulting certification standards and training program curriculum are valid, job-relevant, and appropriate. An RDS-JTA is a researched-based analysis of the opinions of professionals working in or supervising a role and is the foundation of a legally defensible certification program. The VSR RDS-JTA was conducted under the guidance of a psychometric consultant and ASAP-NYCB Certifications Development team, and in accordance with industry standards established by the National Commission for Certifying Agencies (NCCA), an independent accrediting body for professional certification programs.

The main goal of the RDS-JTA was to define a set of core competencies, tasks, and knowledge, skills, and abilities (KSAs) required for safe, effective, and competent practice as a VSR professional. To develop this body of knowledge/KSA listing, the ASAP-NYCB recruited a Panel of subject matter experts (SMEs) to provide insight into the role and guide decision-making during the process. The Panel members were purposefully selected to represent the diversity of practice, including years of experience, practice setting, cultural background, and Veteran status. The RDS-JTA required three virtual meetings, and, to maintain Panel diversity, a total of 18 SMEs participated in the process, with 8 SMEs attending all three meetings to provide continuity. As part of the RDS-JTA work, the Panel developed the content for a validation survey to be distributed to all identifiable VSR practitioners and supervisors, thereby gathering the input of hundreds of community stakeholders during certification development.

Prior to Panel meeting 1, ASAP-NYCB Certifications Development team conducted phone interviews with VSR practitioners and supervisors to create an initial listing of competencies and KSAs. This initial listing provided a framework for the VSR body of knowledge (BOK) and defined four competency domains for the VSR professional: Advocacy, Recovery for Veterans, Military Culture & Resources, and Ethical Responsibility. The listing was shared at the Panel meeting 1 on March 17, which was originally planned as an in-person but was converted to a virtual meeting via Zoom due to the COVID-19 pandemic. During the meeting, 13 SMEs were provided an orientation to the VSR grant project and the RDS-JTA process. Emphasis was placed on the importance of conducting an RDS-JTA for the development of a content-valid and legally defensible specialty certification training program, and to guide ASAP-NYCB in setting certification standards. The psychometric consultant described the RDS-JTA process and the individual and group work to be accomplished by the Panel, including expanding the initial KSA listing into a comprehensive body of knowledge for the VSR professional. Before the end of the meeting the SMEs self-selected one of the four competency domains to work on further in dedicated workgroups convened by the ASAP-NYCB Certifications Development team, and which would involve writing KSA and task statements describing competent practice within the domain.

After Panel Meeting 1, the SMEs were provided with further instruction on how to write KSAs and asked to individually complete a *VSR Competency Worksheet* with all KSAs required to demonstrate competence in their assigned domain. The SMEs returned their worksheets to the ASAP-NYCB Certifications Development team who compiled the individual lists into a comprehensive and exhaustive KSA listing for each Domain. The ASAP-NYCB Certifications Development team then facilitated a virtual meeting with each Domain Workgroup to discuss the KSA listing for their domain before presentation to the larger group.

The available SMEs reconvened on May 5 for virtual Panel Meeting 2 to finalize the KSA listing to be presented to the VSR community for validation via online survey. All nine SMEs present had attended Panel Meeting 1. The psychometric consultant led a group discussion which examined line-by-line the KSA listings from the four Domain Workgroups, refining the language, addressing identified gaps, and removing duplicate KSAs until the Panel was satisfied with the final listing of 110 task and KSA statements. During the remainder of the meeting, the Panel members discussed whether Veteran status should be a prerequisite for VSR certification, with advocates on both sides. To provide as much evidence-based support as possible for this critical decision, the SMEs agreed to ask about Veteran status on the validation survey and defer the conversation until Panel Meeting 3.

After Panel Meeting 2 the psychometric consultant converted the final KSA listing into an online survey consisting of three sections:

1. **Demographic questions**. Respondent characteristics routinely documented as part of an RDS-JTA were covered such as region of practice, practice setting, job role, education, and gender. Respondents were also asked if they were a Veteran and how many years of experience they had providing peer-recovery services and providing services to Veterans.
2. **KSA and task ratings**. A single rating scale was adopted, providing a mechanism for efficiently measuring KSA performance frequency and importance with one rating: "How important is this task for the safe and effective delivery of peer recovery support services to Veterans?" Respondents selected one of five importance ratings or "Never Performed/NA" if they believed the task or KSA is never used in practice.
3. **Post-survey questions**. Respondents were given the opportunity to suggest KSAs and tasks overlooked in the survey, rate survey coverage from "Needs Improvement" to "Completely," and provide their opinion on whether the VSR professional should be a Veteran themselves (No/Yes/No Opinion). Respondents were also asked to rank order the four Competency Domains from highest to lowest importance/emphasis when designing the curriculum for a training program.

The survey was beta tested with the Panel members and the ASAP-NYCB. The survey was updated based on SME feedback and as directed by ASAP-NYCB Certifications Development team. The first invitations to complete the survey were emailed to ~7,500 potential respondents on June 8. Four reminders to complete the survey were emailed on June 18 & 30 and July 6 & 10. The survey was also advertised through Facebook and LinkedIn. ASAP-NYCB offered incentives to complete the survey, with two respondents being chosen at random to win one of the prizes. When the survey closed on July 26, there were 346 total responses to the survey. After removing the respondents who did not answer any questions beyond the demographics section, there were 264 useable responses for the data analyses. Data analyses were performed by the psychometric consultant and all results have been and will be reported in the aggregate to protect respondents' identities.

Most survey respondents were from the NYC metropolitan area and worked primarily in recovery community organizations. Nearly 30% of respondents identified as Veterans and almost half as a provider of peer services or specialized services to Veterans. There was a wide range of years of experience providing peer recovery services and services to Veterans, from less than a year to greater than 20 years. Almost half the respondents had supervisory experience.

Survey results clearly indicated agreement by survey respondents on the importance and relevance of almost every KSA. The least-performed KSA (i.e., received the most "Never Performed" ratings) was still performed by ~92% of respondents, supporting its inclusion in the body of knowledge. On a scale from 1-5, the lowest average importance rating was ~3.5 (halfway between "Important" and "Very Important"), which still reflects the importance of this KSA. A criticality index was also calculated; low criticality values indicate which KSAs have low importance ratings <u>and</u> are performed less frequently compared to other KSAs. A few of the least critical KSAs were related to the use of military language and jargon.

Subgroup analyses were also run to ensure there weren't differences across demographic groups in how they rated the importance of any KSAs: Practice region of NY (upstate, downstate), work setting (recovery community organization, treatment agency, rehab, inpatient/outpatient hospital, community mental health program), years of experience providing services to Veterans (<1 year, 1-5 years, 6+ years), years of experience providing peer recovery services (<1 year, 1-5 years, 6+ years), supervisory experience (yes, no), and Veteran status (yes, no). Across all comparisons there were 13 statistically significant differences, but none of them were important (i.e., reflected a meaningful difference).

Almost 90% of respondents indicated that the survey either "Well" or "Completely" described the critical KSAs required for ethical, effective, and safe practice as a peer professional working in Veteran supported recovery, with less than 3% indicating the KSA list "Needs Improvement." This supports a high degree of confidence that the depth and breadth of the survey content was reflective of the diversity of practice. The average respondent rankings of the importance of the four Competency Domains translated into similar weights for each of the four domains, ranging from 20%-30%. Respondent open-ended suggestions for overlooked tasks and KSAs were forwarded to ASAP-NYCB Certifications Development team for thematic analysis before presentation to the Panel.

The final meeting of the RDS-JTA Panel occurred on August 26 and was attended by 15 SMEs, 8 of whom had attended the prior two Panel meetings. ASAP-NYCB Certifications Development team kicked-off the meeting with a summary of VSR project accomplishments and the meeting goals, with the primary goal being to use the survey results to establish exclusion criteria to differentiate between the critical and non-critical KSAs. The psychometric consultant then presented the results of the validation survey (sample characteristics, KSA rating and subgroup analyses), which included a discussion of the lowest-rated KSAs in terms of frequency, importance, and criticality. Based on the review of the results, the SMEs did not deem any tasks or KSAs as having low enough ratings to exclude them from the body of knowledge. One task statement, speaking to the political climate toward Veterans, was identified as problematic with agreement that it needed to be revised to emphasize "public" instead of "political" perceptions about Veterans.

ASAP-NYCB Certifications Development team then led the group in a discussion of the themes identified from review of the respondent suggestions for overlooked tasks and KSAs. It was agreed that new or modified KSAs were needed to address cultural competence and family relationships (as an ally to

support the Veteran during the recovery process). A representative group of SMEs volunteered to write new KSAs or revise existing ones to cover these topics in the final body of knowledge.

The Competency Domain weights were established by the Panel based on the survey results and their expert opinion. The psychometric consultant also presented weights based on the number of KSAs within each Domain, which would provide almost twice as much emphasis to the largest Domain (Recovery for Veterans) than the smallest Domain (Ethical Responsibility). Considering all the data, the Panel decided on weights very similar to what the respondents suggested, which reflects the importance of the KSAs in each Domain rather than the size of the Domain (Advocacy: 25%, Recovery for Veterans: 30%, Military Culture & Resources: 20%, Ethical Responsibility: 25%).

Finally, the Panel was led in a discussion by ASAP-NYS Certifications Development team as to whether Veteran status should be a requirement for VSR certification. Results from the validation survey reflected that ~60% of Veterans and ~80% of non-Veterans were in favor of allowing non-Veterans to serve in the role. Several SMEs thought that a Veteran in recovery might be more receptive to another Veteran who understands and has lived through the same type of military experience. Other SMEs predicted a likely shortage of Veterans who might qualify for VSR certification, which could result in a limited pool of certificants if only Veterans could serve in the role. After discussion, the majority of SMEs agreed that non-Veterans should be allowed to pursue VSR certification, but should also be required to demonstrate familiarity with, and understanding of, the Veteran perspective, core values, and military culture. This recommendation was forwarded to ASAP-NYCB for final decision.

After Panel Meeting 3 a group of three SMEs finalized the VSR body of knowledge under the guidance of ASAP-NYCB Certifications Development team. These SMEs applied cosmetic revisions to the listing to better organize content and clarify some KSAs, and wrote three new KSAs based on the decisions from the Panel. One additional SME provided feedback before the final KSA listing was distributed to the entire Panel for comment. The final KSA listing/body of knowledge for the VSR professional was approved with no further revisions by the Panel on September 11, and forwarded to the ASAP-NYCB for reference when establishing the VSR certification standards.

VSR RDS-JTA Participants
March-September 2020

Subject Matter Experts:
Danielle Bonaparte-Lozano, James Bornemann, Ellen Greeley, Leemil Hardison, Jason Hoot, Malik Hutchinson, John Ingersoll, Roy Kearse, Kyle Milk, Jim McDonough, Paul Noonan, Benjamin Pomerance, Deirdre Rice-Reese, Clark Rodman, Anthony Shaw, Richard Whitney, Wendy Williams, Patricia Wooldridge

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Veteran Supported Recovery (VSR)
Role Knowledge, Skills and Abilities (KSAs)

September 2020

Domain #1 – Advocacy

Task 1.1: Provides and advocates for any effective recovery-based services that will aid Veterans in daily living.

Task 1.2: Assists Veterans in articulating personal goals for recovery to support systems navigation.

Task 1.3: Informs Veterans about community and mutual supports and how to use these in the recovery process.

Task 1.4: Assists Veterans in developing empowerment skills and combating stigma through self-advocacy.

Task 1.5: Serves as liaison between the individual and community-based, supportive organizations.

Domain #2 – Recovery for Veterans

Task 2.1: Assists Veterans in identifying skills, strengths, supports, and resources that will aid them in achieving recovery goals.

Task 2.2: Helps Veterans to determine steps to help achieve goals and self-directed recovery.

Task 2.3: Uses effective communication skills to engage in problem-solving and conflict resolution strategies to support Veterans in self-directed recovery.

Task 2.4: Shares own recovery story, where appropriate, to demonstrate the power of recovery.

Task 2.5: Models effective coping techniques and self-help strategies.

Task 2.6: Employs awareness of trauma and PTSD, and the therapeutic resources available to treat both.

Task 2.7: Recognizes the use and value of common medications for substance use, psychiatric care and trauma.

Task 2.8: Uses knowledge of community resources and demonstrates ability to identify and make appropriate connections for Veterans.

Task 2.9: Displays empathy for Veteran experiences.

Domain #3 – Military Culture & Resources

Task 3.1: Demonstrates an understanding and appreciation of military culture, language, and the military experience.

Task 3.2: Values what Veterans experience in service to their country and upon transition.

Task 3.3: Acts as a willing and attentive listener and makes suggestions to aid Veterans as they transition to the community.

Task 3.4: Applies awareness of public attitudes toward Veterans and military personnel.

Domain #4 – Ethical Responsibility

Task 4.1: Establishes boundaries to maintain a healthy relationship with the Veteran.

Task 4.2: Remains cognizant of one's own recovery and commitment to self-care.

Task 4.3: Preserves confidentiality unless a Veteran's health or safety is at risk.