
Certified Family Recovery Peer Specialist

ROLE DELINEATION STUDY

Final Report

March 30, 2007

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 Family 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 report, 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. **Family Recovery Peer:** This is the title of the job position. It represents a peer specialist who has competency specific to working with a family who has at least one child, under the age of 23, who is receiving mental health services.
3. **Family Recovery Peer Specialist:** This is the working title for the job position of Family Recovery Peer. It indicates that the practitioner is a Certified Peer Specialist, specializing in providing peer support to all members of the family.

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 Family 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 Family 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 family 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 Family Recovery Peer Specialist Role Delineation Study**.

The Role Delineation Study Workshop

The RDS workshop was held December 14-15, 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

Panel Member
Letty Ballard
Pattie Carlin
Maria Delmoro
Cindy Johnston
Nancy Kisseloff
Marion Moore
Lillian Munroe
Beth Piccora
Clint Rayner
Mary Ann Reynolds
Jane Streit

B. Agenda

The following agenda was used during the workshop:

December 14, 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

December 15, 2006

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 Family 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: Mentoring

Domain 2: Advocacy

Domain 3: Education and Training

Domain 4: Professional Responsibility

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.

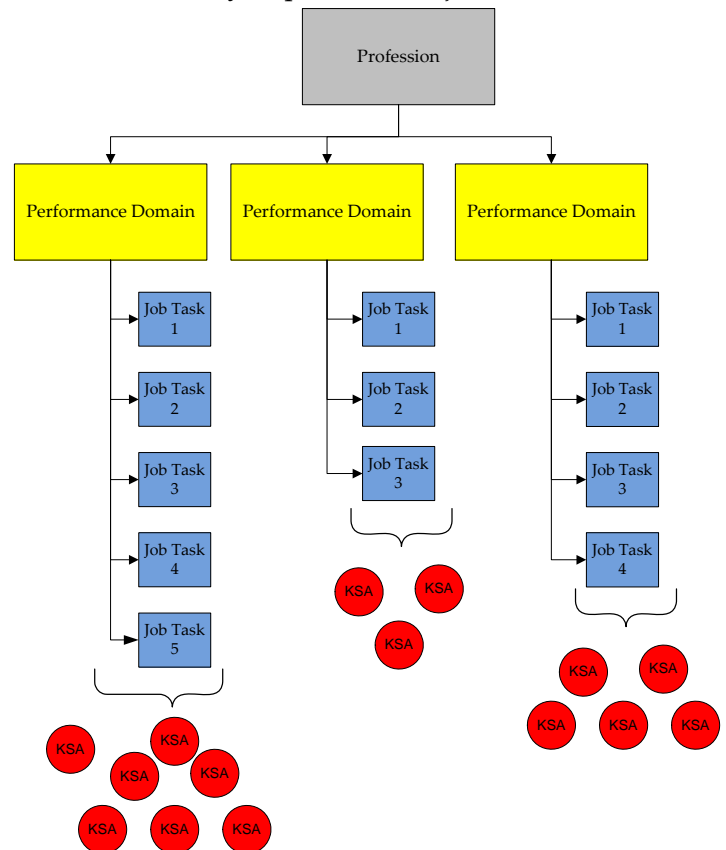
The facilitator led a large group review of the tasks within a domain, and then recorded the KSAs identified by panel members. Unanimous agreement was gained before completing one domain and moving on to another.

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 Family 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 Family 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 Family Recovery Peer Specialist.



Performance Domains, Job Tasks, and KSAs

Domain 1: Mentoring

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

- 1.1 Serve as a role model of a consumer/family member to all members of the family unit.
- 1.2 Establish stable, supportive relationships with each member of the family unit.
- 1.3 Listen to and validate the family members' feelings.
- 1.4 Engage all family members in treatment and recovery.

- 1.5 Assess strengths, weaknesses, threats, and opportunities facing each family member.
- 1.6 Assist family members to navigate the mental health and related systems to address identified needs.
- 1.7 Assist family members to identify and access available services, supports, and resources that build on identified strengths and address needs.
- 1.8 Assist family members to identify and build informal supports.
- 1.9 Provide guidance and assistance to family members to access resources and services.
- 1.10 Help family members to be informed consumers by encouraging them to learn about mental illness and build recovery and resiliency skills.
- 1.11 Maintain contact with family members on a regular basis to provide necessary support.
- 1.12 Foster cooperation among family members.
- 1.13 Foster cooperation between family members and resources, services, supports, etc.
- 1.14 Help family members identify and practice self-care behaviors.
- 1.15 Serve on the child and family team, if requested by the family.

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

- 1.a. Define “family” as parent(s), caregiver(s), children and youth.
- 1.b. Demonstrate effective information gathering/questioning techniques.
- 1.c. Model and teach family members effective interpersonal communication skills.
- 1.d. Model and teach conflict resolution skills.
- 1.e. Model and teach active listening skills.
- 1.f. Model and teach practical problem-solving skills.
- 1.g. Identify common responses/reactions to a diagnosis of mental illness by family members and by the diagnosed individual.
- 1.h. Demonstrate non-judgmental behavior.
- 1.i. Assist the family to establish realistic goals.
- 1.j. Demonstrate life-action planning skills.
- 1.k. Demonstrate the engagement process with family members.
- 1.l. Explain the grief cycle.

- 1.m. Explain how to conduct a SWOT (strengths, weaknesses, opportunities, threats) analysis.
- 1.n. Encourage family members to build empowering skills and attitudes.

Domain 2: Advocacy

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

- 2.1 Act as an advocate for the family, child, and youth.
- 2.2 Advocate at the system-level for family-directed recovery and resiliency services.
- 2.3 Connect family members to available resources, services, and support systems.
- 2.4 Promote awareness of the family's legal rights and responsibilities.
- 2.5 Promote the principles of individual choices and self-determination.

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

- 2.a. Demonstrate effective interpersonal communication skills.
- 2.b. Demonstrate effective public speaking skills.
- 2.c. Differentiate between the levels of advocacy.
- 2.d. Define system-level advocacy.
- 2.e. Define individual-level advocacy.
- 2.f. Understand how to advocate within the mental health system.
- 2.g. Promote strengths-based approach to recovery.
- 2.h. Use "person-centered" language that focuses on the individual, not the diagnosis.
- 2.i. Demonstrate effective networking skills.

Domain 3: Education and Training

Job Tasks that should be performed by the Certified Family Recovery Peer Specialist in the Education and Training domain are:

- 3.1 Maintain current, accurate knowledge of trends and issues in the mental health field at the local and national levels.
- 3.2 Demonstrate effective instructional/teaching skills.
- 3.3 Provide technical assistance to family members, service providers, agencies, schools, and other community groups/organizations, as requested.

- 3.4 Provide formal training to family members, service providers, agencies, schools, and other community groups/organizations on specified topics.
- 3.5 Provide informal training to family members, community groups/organizations and others on emerging issues/topics.
- 3.6 Ensure instructional techniques and materials are culturally competent and reflect the needs of the target audience.
- 3.7 Use web-based and other technologies to deliver education, training, technical assistance and other information, as appropriate.

Knowledge, Skills and Abilities that the Certified Family Recovery Peer Specialist should possess in order to perform the tasks identified in the Education and Training domain are:

- 3.a. Identify instructional need.
- 3.b. Identify the characteristics of the intended audience.
- 3.c. Select appropriate instructional techniques.
- 3.d. Differentiate between verbal, auditory, and kinesthetic learning styles.
- 3.e. Identify accurate and current instructional content and other resources.
- 3.f. Develop, modify, or select effective instructional materials.
- 3.g. Demonstrate group facilitation techniques.
- 3.h. Demonstrate individual instructional techniques.
- 3.i. Teach knowledge, skills, and attitudes.
- 3.j. Assess learning.
- 3.k. Understand system of care principles.
- 3.l. Understand continuity of care principles.
- 3.m. Understand the concept of resiliency and recovery.
- 3.n. Understand the concept of trauma informed care.
- 3.o. Understand the primary components and intersections of related systems, such as child protection, substance abuse, juvenile justice, and related agencies/organizations.
- 3.p. Understand normal child and adolescent developmental stages.
- 3.q. Understand available funding sources, eligibility requirements, and application procedures.
- 3.r. Understand and respond to common superstitions, myths, and stigmas regarding mental illness.

Domain 4: Professional Responsibility

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

- 4.1 Report suspicions of abuse or neglect of children or vulnerable adults.
- 4.2 Maintain confidentiality.
- 4.3 Ensure your personal welfare and physical safety by responding appropriately to personal stressors, triggers, and indicators.
- 4.4 Demonstrate cultural competency by respecting the individual differences of all family members.
- 4.5 Maintain documentation and collect data as required by agency policy.
- 4.6 Know your personal limitations and seek technical assistance from supervisors and/or others when necessary.

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

- 4.a. Identify indicators of abuse and neglect.
- 4.b. Respond appropriately to personal risk indicators.
- 4.c. Understand federal, state, employer regulations regarding confidentiality.
- 4.d. Demonstrate cultural competence by treating all people with respect and dignity.
- 4.e. Understand fundamentals of cultural competency.
- 4.f. Understand the rules of confidentiality.
- 4.g. Understand the symptoms of post-traumatic stress disorder (PTSD).

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 33 tasks for the 4 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 Family 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 Family 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, 63 people responded to the survey. The demographic characteristics of the sample are summarized in Tables C-1 through C-9. 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.

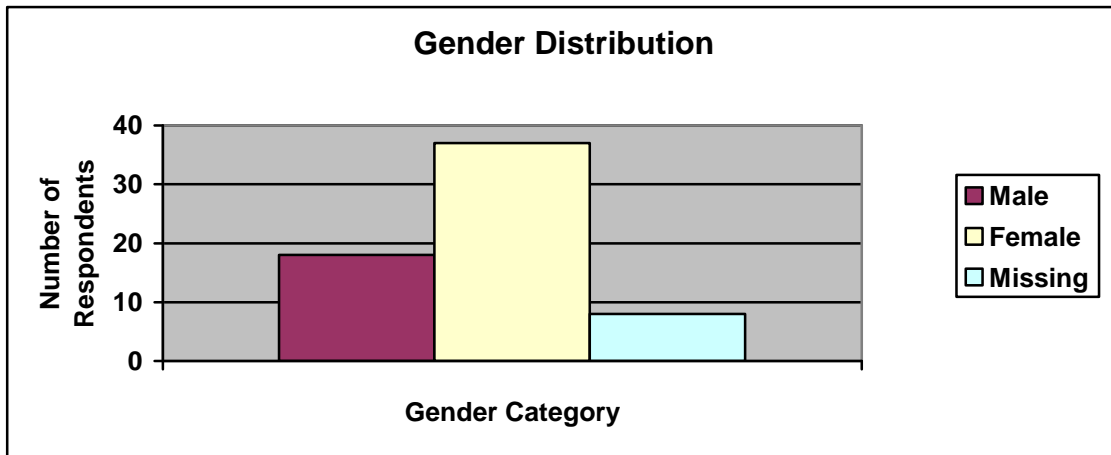
C. Analysis of Demographic Data

Nine (9) 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, 32.7% (n=18) of the respondents were male and 67.3% (n=37) of the respondents were female. Eight respondents did not indicate gender. Table C-1 summarizes the gender variable.

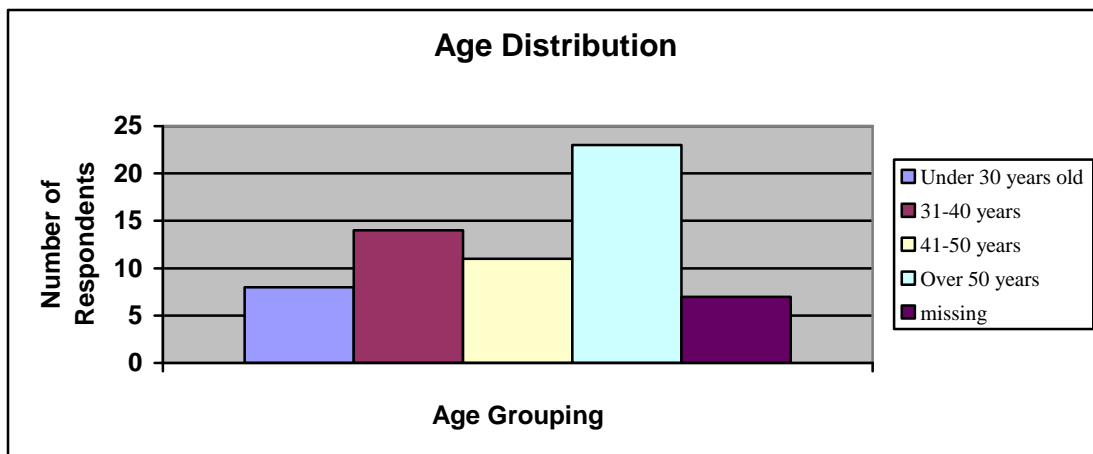
Table C-1: Summary of the Gender Demographic Responses



Age:

All levels of age were represented in the survey. The majority of the respondents (44.1%) were over the age of 50 years. Almost twenty percent of the respondents (19.6%) were between 41-40 years of age. Twenty-five percent were between 31-40 years of age. The remaining respondents were under 30 years of age. The age variable is summarized in Table C-2.

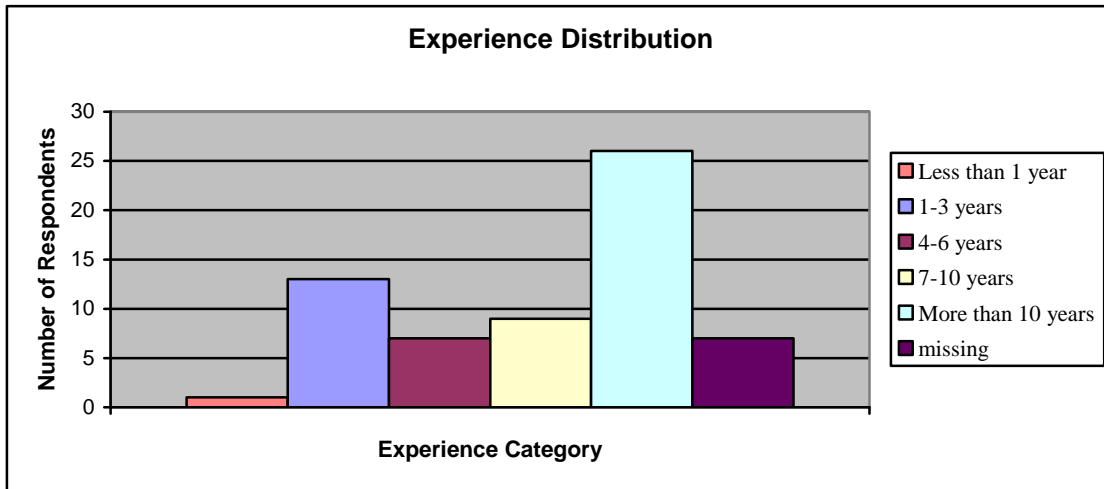
Table C-2: Summary of the Age Demographic Responses



Years of Experience

The majority of respondents (46.4%) indicated that they had more than 10 years of practice in a recovery peer specialist – family role. The remainder of the respondents indicated anywhere from one to nine years of experience; only one of the respondents indicated less than one year of experience. The distribution of number of years of practice is illustrated in Table C-3.

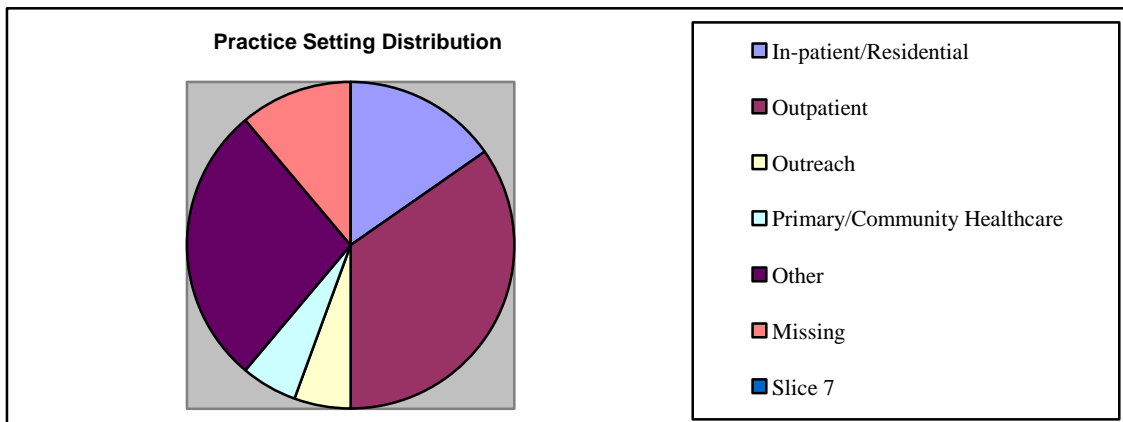
Table C-3: Summary of Years of Experience Demographic Responses



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.

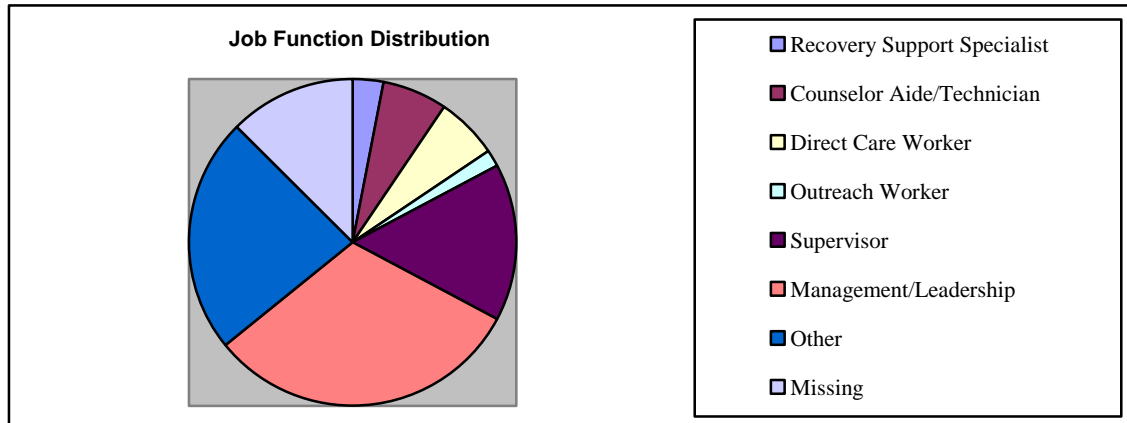
Table C-4: Summary of the Practice Area Demographic Responses



Job Function:

In addition to working in a variety of employment settings, the survey indicated that individuals responding to the survey work in various job functions, as indicated in Table C-5 below.

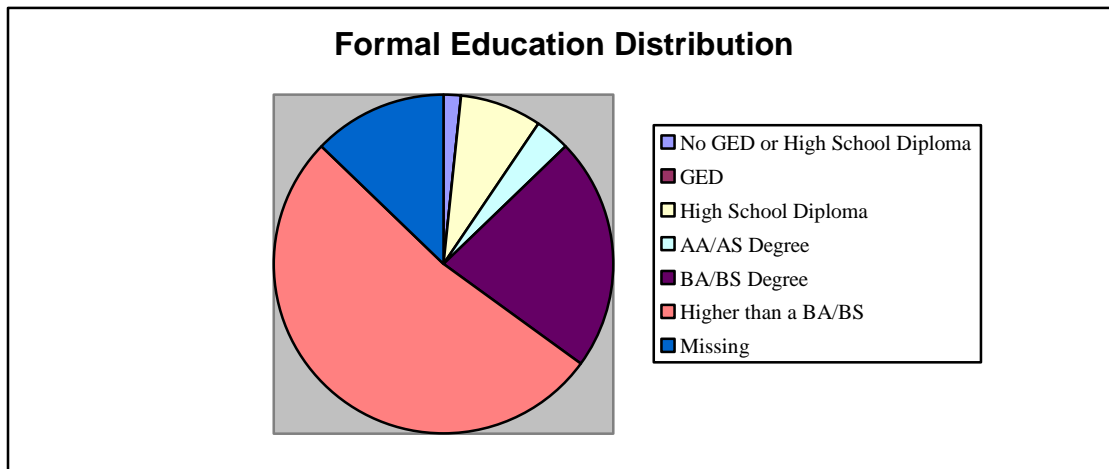
Table C-5: Summary of the Job Function Demographic Responses



Formal Education

The vast majority of respondents (60%) hold a formal degree higher than a BA or BS Degree. Just shy of 40% of the respondents hold an AA/AS degree (3.6%) or a BS/BA degree (25.5%). Five respondents hold a high school diploma and only one respondent did not hold a high school diploma or GED. The distribution is illustrated in table C-6.

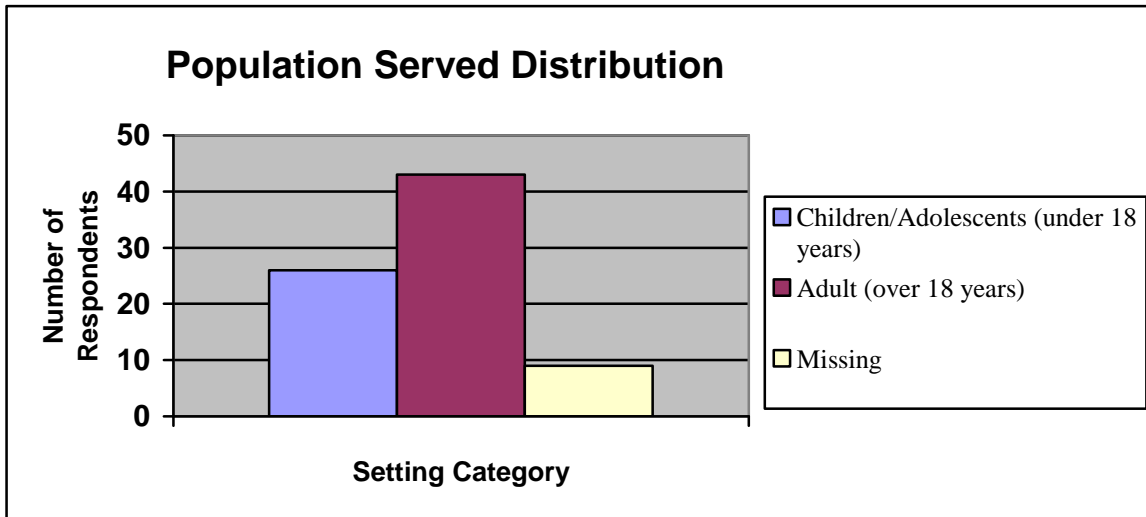
Table C-6: Summary of the Highest Level of Education Demographic Responses



Population Served

In addition to the variety of work setting, the populations served by the respondents were collected. Respondents were asked to select all age groups that they serve. Table C-7 provides the summary of the population to be served.

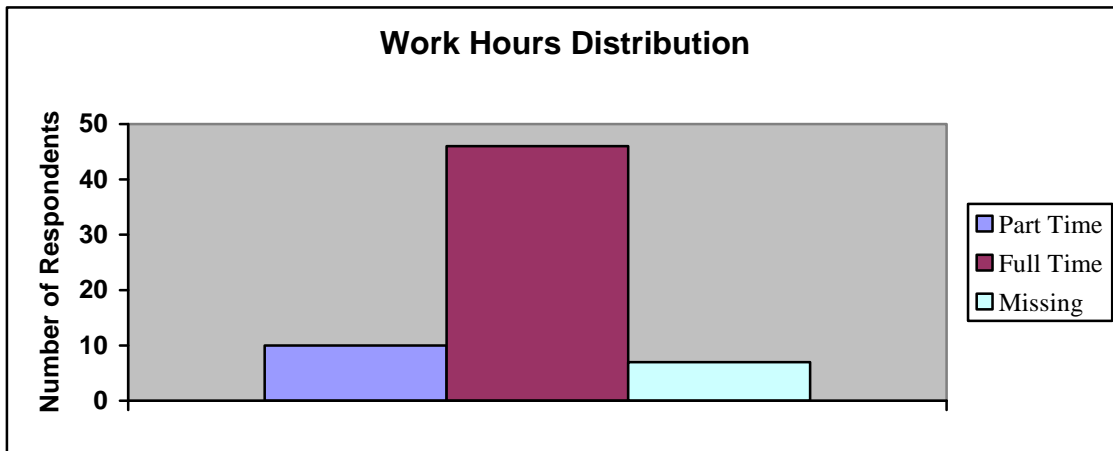
Table C-7: Summary of the Population Served Demographic Responses



Work Hours

The majority of respondents (82.1%) indicated that they worked full time. Table C-8 shows the distribution of work hours.

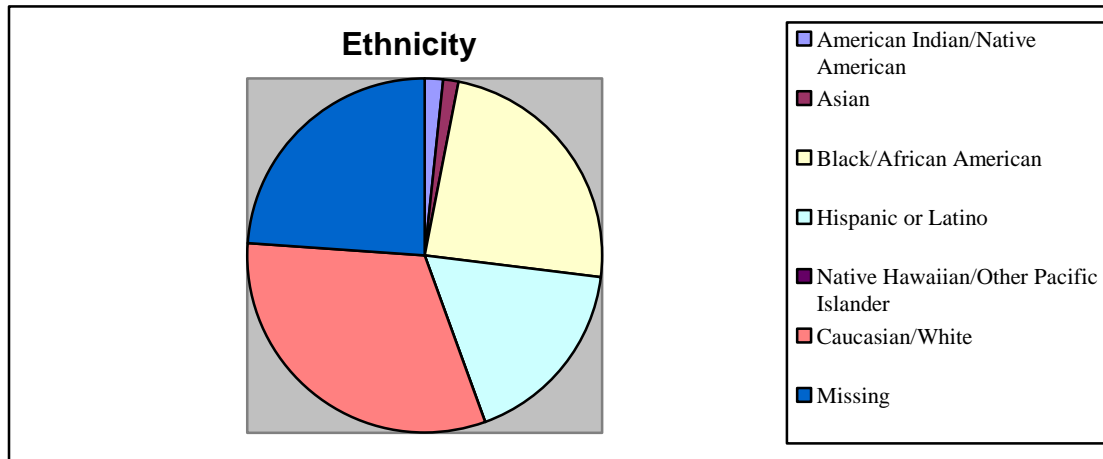
Table C-8: Summary of the Work Hours Distribution



Ethnicity

The final survey demographic question asked information regarding the ethnicity of the respondents. As shown in Table C-9, a range of ethnicities was represented.

Table C-9: 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 a Family 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 a Family 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 3.5.

Table A-2: Importance Ratings – Survey Respondents

Performance Domains	Survey Importance Ratings	Panelists’ Importance Ratings
Mentoring	3.948	4.349
Advocacy	4.038	4.025
Education and Training	3.533	3.847
Professional Responsibility	4.533	4.332

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 a Family 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 3.3.

Table B-2: Frequency Ratings – Survey Respondent

Performance Domains	Survey Frequency Ratings	Panelists' Frequency Ratings
Mentoring	3.657	3.832
Advocacy	3.742	4.823
Education and Training	3.330	4.338
Professional Responsibility	3.953	3.912

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 Family 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 Family 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 Family 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 a Family Recovery Peer Specialist. The survey data analysis indicated that all tasks are important and are frequently performed, as the lowest survey mean rating was 3.13. 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 33 tasks was summed to establish the Total Rating Score, which is 125.97 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 45, 15, 21, and 19.

Third, the number of items for each task was determined within each domain. The difference in exam proportions between tasks were rather small; the lowest was 2.48% (Task 3.7), and the highest was 3.58% (Task 4.2). Therefore, each task should be allocated essentially the same number of items. By allocating three items per task, the total number of items will be 99 items. In order to achieve the total number of items of 100, 1 task should be chosen to allocate four items. Therefore, the task with the highest exam proportion (Task 4.2) was chosen to allocate 4 items.

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	.933
Frequency	.943

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
Mentoring	45.3%
Advocacy	15.4%
Education and Training	19.1%
Professional Responsibility	20.2%

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

Domain	Importance Rating	Frequency Rating	Exam Proportion
Mentoring	3.948	3.652	45.3%
Advocacy	4.038	3.742	15.4%
Education and Training	3.533	3.330	19.1%
Professional Responsibility	4.533	3.953	20.2%

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

Domain/Task	Importance Rating	Frequency Rating	Exam Proportion
Domain 1: Mentoring			
Task 1.1	4.21	3.86	3.20%
Task 1.2	3.85	3.77	3.02%
Task 1.3	4.03	3.81	3.11%
Task 1.4	3.75	3.63	2.93%
Task 1.5	4.05	3.70	3.08%
Task 1.6	4.28	3.86	3.23%
Task 1.7	4.28	3.93	3.26%
Task 1.8	3.79	3.54	2.91%
Task 1.9	3.91	3.66	3.00%
Task 1.10	4.14	3.6	3.07%
Task 1.11	3.84	3.56	2.94%
Task 1.12	3.74	3.44	2.85%
Task 1.13	3.82	3.49	2.90%
Task 1.14	3.88	3.61	2.97%
Task 1.15	3.65	3.39	2.79%

Domain 2: Advocacy			
Task 2.1	4.15	3.95	3.22%
Task 2.2	3.91	3.52	2.95%
Task 2.3	4.20	3.88	3.21%
Task 2.4	3.91	3.52	2.95%
Task 2.5	4.02	3.84	3.12%
Domain 3: Education and Training			
Task 3.1	3.81	3.58	2.93%
Task 3.2	3.74	3.51	2.88%
Task 3.3	3.60	3.32	2.75%
Task 3.4	3.17	3.11	2.49%
Task 3.5	3.38	3.37	2.68%
Task 3.6	3.84	3.35	2.85%
Task 3.7	3.19	3.07	2.48%
Domain 4: Professional Responsibility			
Task 4.1	4.74	3.68	3.34%
Task 4.2	4.78	4.25	3.58%
Task 4.3	4.51	3.98	3.37%
Task 4.4	4.41	4.02	3.35%
Task 4.5	4.21	3.93	3.23%
Task 4.6	4.55	3.86	3.34%

Conclusion

The Family 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. .

MH Family Peer Specialist Validation Survey Directions:

Please provide your demographic information. This information is used to ensure that a representative sample of professionals working in the field responded to the survey.

1. Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
2. Age:	<input type="checkbox"/> Under 30 years old	<input type="checkbox"/> 41 – 50 years old
	<input type="checkbox"/> 31 – 40 years old	<input type="checkbox"/> Over 50 years old
3. How long have you worked in a field related to the MH Family Peer Specialist?	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 7 – 9 years
	<input type="checkbox"/> 1 – 3 years	<input type="checkbox"/> More than 10 years
	<input type="checkbox"/> 4 – 6 years	
4. Which of the following best describes your current work setting? Check all that apply.	<input type="checkbox"/> Inpatient/Residential	<input type="checkbox"/> Outpatient
	<input type="checkbox"/> Outreach	<input type="checkbox"/> Primary/Community Health Care
	<input type="checkbox"/> Other: _____	
5. What is your highest level of education completed? Select only one.	<input type="checkbox"/> No GED or High School Diploma	<input type="checkbox"/> AA/AS Degree
	<input type="checkbox"/> GED	<input type="checkbox"/> BA/BS Degree
	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Higher than BA/BS Degree
6. Which populations do you currently serve in your job? Check all that apply.	<input type="checkbox"/> Children/Adolescents (under 18 years old).	
	<input type="checkbox"/> Adults (18 and older).	
7. Which of the following best describes your work hours?	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time
8. What is your current job function? Select only one.	<input type="checkbox"/> Recovery Support Specialist	<input type="checkbox"/> Counselor Aide/Technician
	<input type="checkbox"/> Direct Care Worker	<input type="checkbox"/> Outreach Worker
	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Management/Leadership
	<input type="checkbox"/> Other: _____	

9. **Optional Question:** Which of the following best describes your ethnicity/race? Select one.

American Indian/Alaska Native

Hispanic or Latino

Asian

Native Hawaiian/Other Pacific Islander

Black/African American

Caucasian/White

Other: _____

Section B Introduction:

The following domains of knowledge have been identified for MH Family Peer Specialists:

- Domain 1: Mentoring
- Domain 2: Education and Training
- Domain 3: Advocacy
- Domain 4: Professional Responsibility

Within each domain, there are a set of tasks that are performed by a MH Family Peer Specialist. The purpose of this section is to differentiate between the importance and frequency of the tasks *relative to each other* within each domain. The ratings you provide will be used in determining the percentage of items that each task will have on the examination. That is, tasks that are more important and are more frequently performed will have more questions on the exam.

Directions:

Each domain area and its associated tasks will appear on the following pages. Please rate each task statement according to the rating scale below.

Rating for Importance ~ For each task statement, ask yourself, "How important is the task, compared to all the other tasks in this domain, to the job of the MH Family Peer Specialist?"

Rate each statement according to this scale:

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

Rating for Frequency ~ For each task statement, ask yourself, "How much time does a MH Family Peer Specialist spend performing this task, as compared to the other tasks in the domain?"

Rate each statement according to this scale:

1	Not Much Time
2	A Little Bit of Time
3	An Average Amount of Time
4	A Fair Amount of Time
5	A Large Amount of Time

Review of Rating Scales

Importance Ratings		Frequency Ratings	
1	Not Important	1	Not Much Time
2	Somewhat Important	2	A Little Bit of Time
3	Important	3	An Average Amount of Time
4	Very Important	4	A Fair Amount of Time
5	Extremely Important	5	A Large Amount of Time

Please Circle Your Responses

Domain 1: Mentoring

Task Statement	Importance	Frequency
1.1 Serve as a role model of a consumer/family member to all members of the family unit.	1 2 3 4 5	1 2 3 4 5
1.2 Establish stable, supportive relationships with each member of the family unit.	1 2 3 4 5	1 2 3 4 5
1.3 Listen to and validate the family member's feelings.	1 2 3 4 5	1 2 3 4 5
1.4 Engage all family members in treatment and recovery.	1 2 3 4 5	1 2 3 4 5
1.5 Assess strengths, weaknesses, threats, and opportunities facing each family member.	1 2 3 4 5	1 2 3 4 5
1.6 Assist family members to navigate the mental health and related systems to address identified needs.	1 2 3 4 5	1 2 3 4 5
1.7 Assist family members to identify and access available services, supports, and resources that build on identified strengths and address needs.	1 2 3 4 5	1 2 3 4 5
1.8 Assist family members to identify and build informal supports.	1 2 3 4 5	1 2 3 4 5
1.9 Provide guidance and assistance to family members to access resources and services.	1 2 3 4 5	1 2 3 4 5
1.10 Help family members to be informed consumers by encouraging them to learn about mental illness and build recovery and resiliency skills.	1 2 3 4 5	1 2 3 4 5
1.11 Maintain contact with family members on a regular basis to provide needed support.	1 2 3 4 5	1 2 3 4 5
1.12 Foster cooperation among family members.	1 2 3 4 5	1 2 3 4 5
1.13 Foster cooperation between family members and resources, services,	1 2 3 4 5	1 2 3 4 5

Appendix A: Validation Survey Instrument

	supports, etc.		
1.14	Help family members identify and practice self-care behaviors.	1 2 3 4 5	1 2 3 4 5
1.15	Serve on the child and family team if requested by the family.	1 2 3 4 5	1 2 3 4 5

Domain 2: Advocacy

Task Statement		Importance					Frequency				
2.1	Act as an advocate for the family, child, and youth.	1	2	3	4	5	1	2	3	4	5
2.2	Advocate at the systems level for family-directed recovery and resiliency services.	1	2	3	4	5	1	2	3	4	5
2.3	Connect family members to available resources, services, and support systems.	1	2	3	4	5	1	2	3	4	5
2.4	Promote awareness of the family's legal rights and responsibilities.	1	2	3	4	5	1	2	3	4	5
2.5	Promote the principle of individual choice and self-determination.	1	2	3	4	5	1	2	3	4	5

Domain 3: Education and Training

Task Statement		Importance					Frequency				
3.1	Maintain current, accurate knowledge of trends and issues in the mental health field at the local and national levels.	1	2	3	4	5	1	2	3	4	5
3.2	Demonstrate effective instructional/teaching skills.	1	2	3	4	5	1	2	3	4	5
3.3	Provide technical assistance to family members, service providers, agencies, schools, and other community groups and organizations as requested.	1	2	3	4	5	1	2	3	4	5
3.4	Provide formal training to family members, service providers, agencies, schools and other community groups and organizations on specified topics.	1	2	3	4	5	1	2	3	4	5
3.5	Provide informal training to family members, community groups and organizations and others on emerging issues/topics.	1	2	3	4	5	1	2	3	4	5
3.6	Ensure instructional techniques and materials are culturally competent and reflect the needs of the target audience.	1	2	3	4	5	1	2	3	4	5
3.7	Use web-based and other technologies to deliver education, training, technical assistance, or other information as appropriate.	1	2	3	4	5	1	2	3	4	5

Domain 4: Professional Responsibility

Task Statement	Importance					Frequency				
4.1 Report suspicions of abuse or neglect of children or vulnerable adults.	1	2	3	4	5	1	2	3	4	5
4.2 Maintain confidentiality.	1	2	3	4	5	1	2	3	4	5
4.3 Ensure your personal welfare and physical safety by responding appropriately to personal stressors, triggers, and indicators.	1	2	3	4	5	1	2	3	4	5
4.4 Demonstrate cultural competency by respecting the individual differences of all family members.	1	2	3	4	5	1	2	3	4	5
4.5 Maintain documentation and collect data as required by agency policy.	1	2	3	4	5	1	2	3	4	5
4.6 Know your personal limitations and seek technical assistance from supervisors and/or others when necessary.	1	2	3	4	5	1	2	3	4	5

Section C Introduction:

The purpose of this section is to differentiate the percentage of time a MH Family Peer Specialist spends performing these duties, relative to the other domains (the last section compared frequency relative to other task statements per domain).

Directions:

Assign the percentage of time you spend *OR* the percentage of time you believe a MH Family Peer Specialist would spend performing duties in these domains.

The total percentage must equal 100%.

Please Circle Your Responses

Domain	Percentage
Domain 1: Mentoring	_____
Domain 2: Advocacy	_____
Domain 3: Education and Training	_____
Domain 4: Professional Responsibility	_____
	100%

This concludes the Survey.

Thank you for your time and input.

Appendix B: Summary Test Blueprint

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

Domain / Task		Items per Task	Items per Domain
Domain 1: Mentoring			45
1.1	Serve as a role model of a consumer/family member to all members of the family unit.		3
1.2	Establish stable, supportive relationships with each member of the family unit.		3
1.3	Listen to and validate the family members' feelings.		3
1.4	Engage all family members in treatment and recovery.		3
1.5	Assess strengths, weaknesses, threats, and opportunities facing each family member.		3
1.6	Assist family members to navigate the mental health and related systems to address identified needs.		3
1.7	Assist family members to identify and access available services, supports, and resources that build on identified strengths and address needs.		3
1.8	Assist family members to identify and build informal supports.		3
1.9	Provide guidance and assistance to family members to access resources and services.		3
1.10	Help family members to be informed consumers by encouraging them to learn about mental illness and build recovery and resiliency skills.		3
1.11	Maintain contact with family members on a regular basis to provide necessary support.		3
1.12	Foster cooperation among family members.		3
1.13	Foster cooperation between family members and resources, services, supports, etc.		3
1.14	Help family members identify and practice self-care behaviors.		3
1.15	Serve on the child and family team, if requested by the family.		3
Domain 2: Advocacy			15
2.1	Act as an advocate for the family, child, and youth.	3	
2.2	Advocate at the system-level for family-directed recovery and resiliency services.	3	
2.3	Connect family members to available resources, services, and support systems.	3	
2.4	Promote awareness of the family's legal rights and responsibilities.	3	
2.5	Promote the principles of individual choices and self-determination.	3	

Domain 3: Education and Training			21
3.1	Maintain current, accurate knowledge of trends and issues in the mental health field at the local and national levels.	3	
3.2	Demonstrate effective instructional/teaching skills.	3	
3.3	Provide technical assistance to family members, service providers, agencies, schools, and other community groups/organizations, as requested.	3	
3.4	Provide formal training to family members, service providers, agencies, schools, and other community groups/organizations on specified topics.	3	
3.5	Provide informal training to family members, community groups/organizations and others on emerging issues/topics.	3	
3.6	Ensure instructional techniques and materials are culturally competent and reflect the needs of the target audience.	3	
3.7	Use web-based and other technologies to deliver education, training, technical assistance and other information, as appropriate.	3	
Domain 4: Professional Responsibility			19
4.1	Report suspicions of abuse or neglect of children or vulnerable adults.	3	
4.2	Maintain confidentiality.	4	
4.3	Ensure your personal welfare and physical safety by responding appropriately to personal stressors, triggers, and indicators.	3	
4.4	Demonstrate cultural competency by respecting the individual differences of all family members.	3	
4.5	Maintain documentation and collect data as required by agency policy.	3	
4.6	Know your personal limitations and seek technical assistance from supervisors and/or others when necessary.	3	

Appendix C: Detailed Test Blueprint

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

Domain / Task		Items per Task	Items per Domain
Domain 1: Mentoring			45
1.1	Serve as a role model of a consumer/family member to all members of the family unit.		3
1.2	Establish stable, supportive relationships with each member of the family unit.		3
1.3	Listen to and validate the family members' feelings.		3
1.4	Engage all family members in treatment and recovery.		3
1.5	Assess strengths, weaknesses, threats, and opportunities facing each family member.		3
1.6	Assist family members to navigate the mental health and related systems to address identified needs.		3
1.7	Assist family members to identify and access available services, supports, and resources that build on identified strengths and address needs.		3
1.8	Assist family members to identify and build informal supports.		3
1.9	Provide guidance and assistance to family members to access resources and services.		3
1.10	Help family members to be informed consumers by encouraging them to learn about mental illness and build recovery and resiliency skills.		3
1.11	Maintain contact with family members on a regular basis to provide necessary support.		3
1.12	Foster cooperation among family members.		3
1.13	Foster cooperation between family members and resources, services, supports, etc.		3
1.14	Help family members identify and practice self-care behaviors.		3
1.15	Serve on the child and family team, if requested by the family.		3

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

- 1.a. Define “family” as parent(s), caregiver(s), children and youth.
- 1.b. Demonstrate effective information gathering/questioning techniques.
- 1.c. Model and teach family members effective interpersonal communication skills.
- 1.d. Model and teach conflict resolution skills.
- 1.e. Model and teach active listening skills.
- 1.f. Model and teach practical problem-solving skills.
- 1.g. Identify common responses/reactions to a diagnosis of mental illness by family members and by the diagnosed individual.
- 1.h. Demonstrate non-judgmental behavior.
- 1.i. Assist the family to establish realistic goals.
- 1.j. Demonstrate life-action planning skills.
- 1.k. Demonstrate the engagement process with family members.
- 1.l. Explain the grief cycle.
- 1.m. Explain how to conduct a SWOT (strengths, weaknesses, opportunities, threats) analysis.
- 1.n. Encourage family members to build empowering skills and attitudes.

Domain 2: Advocacy			15
2.1	Act as an advocate for the family, child, and youth.	3	
2.2	Advocate at the system-level for family-directed recovery and resiliency services.	3	
2.3	Connect family members to available resources, services, and support systems.	3	
2.4	Promote awareness of the family’s legal rights and responsibilities.	3	
2.5	Promote the principles of individual choices and self-determination.	3	

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

- 2.a. Demonstrate effective interpersonal communication skills.
- 2.b. Demonstrate effective public speaking skills.
- 2.c. Differentiate between the levels of advocacy.
- 2.d. Define system-level advocacy.
- 2.e. Define individual-level advocacy.
- 2.f. Understand how to advocate within the mental health system.
- 2.g. Promote strengths-based approach to recovery.
- 2.h. Use “person-centered” language that focuses on the individual, not the diagnosis.
- 2.i. Demonstrate effective networking skills.

Domain 3: Education and Training			21
3.1	Maintain current, accurate knowledge of trends and issues in the mental health field at the local and national levels.	3	
3.2	Demonstrate effective instructional/teaching skills.	3	
3.3	Provide technical assistance to family members, service providers, agencies, schools, and other community groups/organizations, as requested.	3	
3.4	Provide formal training to family members, service providers, agencies, schools, and other community groups/organizations on specified topics.	3	
3.5	Provide informal training to family members, community groups/organizations and others on emerging issues/topics.	3	
3.6	Ensure instructional techniques and materials are culturally competent and reflect the needs of the target audience.	3	
3.7	Use web-based and other technologies to deliver education, training, technical assistance and other information, as appropriate.	3	
<p>Knowledge, Skills, and Abilities that the Family Recovery Peer Specialist should possess in order to perform the tasks identified in the <i>Education and Training</i> domain:</p> <ul style="list-style-type: none"> 3.a. Identify instructional need. 3.b. Identify the characteristics of the intended audience. 3.c. Select appropriate instructional techniques. 3.d. Differentiate between verbal, auditory, and kinesthetic learning styles. 3.e. Identify accurate and current instructional content and other resources. 3.f. Develop, modify, or select effective instructional materials. 3.g. Demonstrate group facilitation techniques. 3.h. Demonstrate individual instructional techniques. 3.i. Teach knowledge, skills, and attitudes. 3.j. Assess learning. 3.k. Understand system of care principles. 3.l. Understand continuity of care principles. 3.m. Understand the concept of resiliency and recovery. 3.n. Understand the concept of trauma informed care. 3.o. Understand the primary components and intersections of related systems, such as child protection, substance abuse, juvenile justice, and related agencies/organizations. 3.p. Understand normal child and adolescent developmental stages. 3.q. Understand available funding sources, eligibility requirements, and application procedures. 3.r. Understand and respond to common superstitions, myths, and stigmas regarding mental illness. 			

Domain 4: Professional Responsibility			19
4.1	Report suspicions of abuse or neglect of children or vulnerable adults.	3	
4.2	Maintain confidentiality.	4	
4.3	Ensure your personal welfare and physical safety by responding appropriately to personal stressors, triggers, and indicators.	3	
4.4	Demonstrate cultural competency by respecting the individual differences of all family members.	3	
4.5	Maintain documentation and collect data as required by agency policy.	3	
4.6	Know your personal limitations and seek technical assistance from supervisors and/or others when necessary.	3	
<p>Knowledge, Skills, and Abilities that the Family Recovery Peer Specialist should possess in order to perform the tasks identified in the <i>Professional Responsibility</i> domain:</p> <ul style="list-style-type: none"> 4.a. Identify indicators of abuse and neglect. 4.b. Respond appropriately to personal risk indicators. 4.c. Understand federal, state, employer regulations regarding confidentiality. 4.d. Demonstrate cultural competence by treating all people with respect and dignity. 4.e. Understand fundamentals of cultural competency. 4.f. Understand the rules of confidentiality. 4.g. Understand the symptoms of post-traumatic stress disorder (PTSD). 			