
Certified Gambling Addictions Counselor

ROLE DELINEATION STUDY

Final Report

April, 2008

Florida Certification Board

1715 S. Gadsden Street
Tallahassee, FL 32301
850.222.6134

www.flcertificationboard.org

Table of Contents

Introduction	3
Compliance with Standards	3
The Role Delineation Study Process	4
The Role Delineation Study Workshop	4
A. List of Participants.....	4
B. Agenda.....	5
C. Defining the Target Audience	6
D. Defining the Performance Domains	6
E. Determining the Task Statements.....	7
F. Determining the Knowledge, Skill and Abilities (KSAs)	7
G. The Relationship between Domains, Job Tasks, and KSAs.....	7
Performance Domains, Job Tasks, and KSAs.....	8
Domain 1: Addiction Theories	8
Domain 2: Basic Knowledge of Problem and Pathological Gambling.....	8
Domain 3: Gambling Counseling Practice.....	9
Domain 4: Special Issues in Gambling Treatment	10
Domain 5: Professional Issues.....	11
The Role Delineation Study Validation Survey	12
A. Developing the Survey	12
B. The Survey Sample.....	12
C. Analysis of Demographic Data.....	13
Determining the Domain Percentages	19
A. Importance Ratings	19
B. Frequency Ratings	20
C. Criticality Ratings	21
D. Summary of Findings Regarding Domains	22
The Test Blueprint.....	23
A. Testing Format	23
B. Overview of Statistical Analysis	23
C. Reliability of Task Ratings.....	25
D. Summary Statistics for the Domains and Tasks	26
Conclusion	28
Appendix A: Validation Survey Instrument.....	29
Appendix B: Summary Test Blueprint	38
Appendix C: Detailed Test Blueprint.....	40

Introduction

The Florida Council on Compulsive Gambling (FCCG), contracted with the Florida Certification Board to conduct a Role Delineation Study (RDS) for the job classification of Certified Gambling Addiction Counselor. FCB follows national standards when conducting RDS' to ensure that any resulting credentialing instruments are directly linked to the knowledge required to perform competently on the job. This report documents the first stage of the RDS process: the identification of the Scope of Service for a Certified Gambling Addictions Counselor. It is important to understand that all work was based on the premise that this credential is an add-on to the Certified Addiction Professional (CAP) credential, to individuals who hold a state license, or for those with certification as a National Compulsive Gambling Counselor (NCGC).

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 Gambling Addictions Counselor.

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 Gambling Addictions Counselor 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. The FCCG convened a panel of Subject Matter Experts (SMEs) in the field of problem gambling treatment 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 Gambling Addiction Counselor Role Delineation Study**.

The Role Delineation Study Workshop

The RDS workshop was held November 8-9, 2007, in Orlando, 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 the FCCG. Panel members are listed in alphabetical order by surname.

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

Panel Member
Paul Ashe: Florida Council on Compulsive Gambling
Richard Davila: Springfield College
Damon Dye: Private Practice
Stephen Ferrante: Broward County Department of Elder and Veterans Services
Norman Kruedelbach: Lee Mental Health
Laura Letson: Florida Council on Compulsive Gambling
Theodore Machler: Windmoor Healthcare
Robert Melo: Padget Business Services
Reece Middleton: Louisiana Association on Compulsive Gambling
Terri Orsino-Rebosio: Private Practice
Mitch Ronco: InCharge Education Foundation

B. Agenda

The following agenda was used during the workshop:

November 8, 2007

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

November 9, 2007

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

C. Defining the Target Audience

The panel members began the process by establishing a broad description of the target audience: a Certified Gambling Addictions Counselor. The following parameters and characteristics were used as benchmarks when establishing performance domains, job tasks, and knowledge/skill statements: specific certification requirements will not be established until the RDS process is complete.

A Certified Gambling Addictions Counselor (CGAC) is an add-on credential a: 1) CAP, 2) state license or 3) the National Compulsive Gambling Counselor certification.

To earn a CGAC, the applicant must already:

- Be a licensed professional in the State of Florida; OR
- Have a Certified Addictions Professional credential from the FCB; OR
- Have a bachelors degree AND the National Compulsive Gambling Counselor Certification (NCGC)

An individual with a CAP is understood to have competency in providing addiction treatment services to adults. An individual with a state license is understood to have competence in providing counseling services. An individual with a Compulsive Gambling Counselor designation is understood to have competency in providing services to problem gambling populations.

D. Defining the Performance Domains

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

Domain 1: Addiction Theories

Domain 2: Basic Knowledge of Problem and Pathological Gambling

Domain 3: Gambling Counseling Practice

Domain 4: Special Issues in Gambling Treatment

Domain 5: Professional Issues

E. 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.

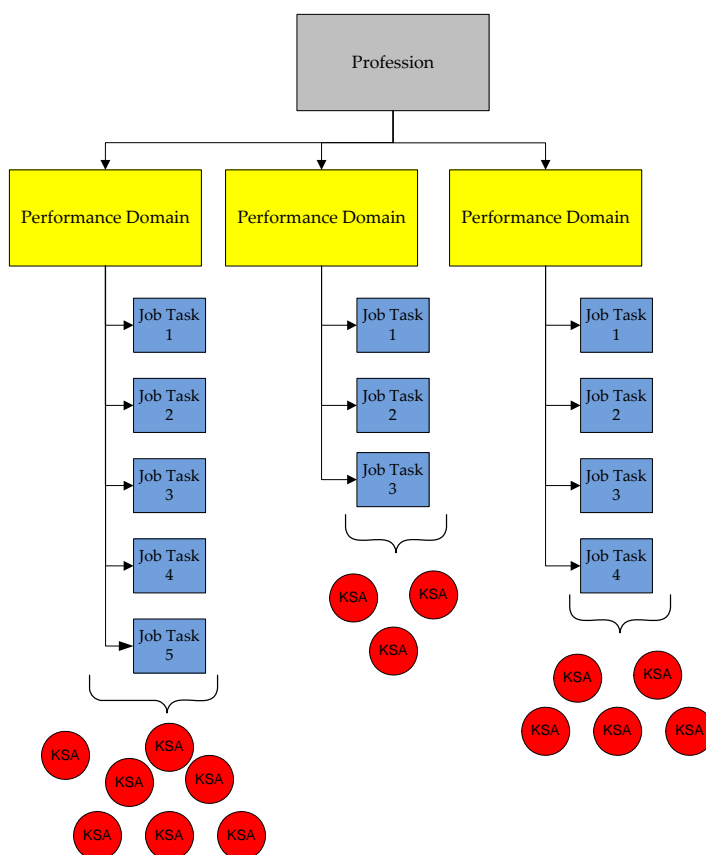
F. Determining the Knowledge, Skill and Abilities (KSAs)

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.

G. 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 Gambling Addictions Counselor 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 Gambling Addictions Counselor 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 Gambling Addictions Counselor.

Performance Domains, Job Tasks, and KSAs

Domain 1: Addiction Theories

Job Tasks that should be performed by the Certified Gambling Addictions Counselor in the Addiction Theories domain are:

- 1.1 Apply theories of addiction in assessment and treatment practices.
- 1.2 Orient and educate clients with respect to the nature of addictive disorders and in particular problem gambling.

Knowledge, Skills and Abilities that the Certified Gambling Addictions Counselor should possess in order to perform the tasks identified in the Addiction Theories domain are:

- 1.a. Know and understand the progression and characteristics of substance use disorders.
- 1.b. Know the warning signs, symptoms, and the course of substance use disorders.
- 1.c. Know the effects of psychoactive substances on behavior, thinking, feelings, health status, and relationships.
- 1.d. Know and understand denial and other defense mechanisms in client resistance.
- 1.e. Know federal and state regulations that apply to addiction treatment.

Domain 2: Basic Knowledge of Problem and Pathological Gambling

Job Tasks that should be performed by the Certified Gambling Addictions Counselor in the Basic Knowledge of Problem and Pathological Gambling domain are:

- 2.1 Perform a comprehensive assessment with an orientation toward gambling.
- 2.2 Determine the severity of gambling and/or co-occurring disorders and immediate intervention and referral needs, such as financial, legal, housing, family, etc.
- 2.3 Engage clients and/or adversely affected individuals into treatment regardless of their recognition that a problem exists.

- 2.4 Network with other professionals, organizations, and facilities to determine and/or access referrals and services for the client.

Knowledge, Skills and Abilities that the Certified Gambling Addictions Counselor should possess in order to perform the tasks identified in the Basic Knowledge of Problem and Pathological Gambling domain are:

- 2.a. Understand the prevalence of gambling problems among adults, youth and treatment populations.
- 2.b. Know the definition of pathological gambling.
- 2.c. Know the operationalized definition of problem gambling.
- 2.d. Know and understand the pathological gambling disorder, including terminology, progression of the disorder, and withdrawal symptoms from gambling.
- 2.e. Be able to perform client evaluations, including screening, intake, assessment, and diagnostic criteria.
- 2.f. Understand the history of problem gambling.
- 2.g. Know and understand the national and state prevalence of problem gambling.
- 2.h. Know and understand the latest edition of the DSM.

Domain 3: Gambling Counseling Practice

Job Tasks that should be performed by the Certified Gambling Addictions Counselor in the Gambling Counseling Practice domain are:

- 3.1 Develop treatment plans with treatment goals and objectives to facilitate recovery.
- 3.2 Provide individual, group, and/or family counseling to develop and sustain protective and coping factors.
- 3.3 Conduct case management activities to address and stabilize life domains negatively affected by gambling.
- 3.4 Provide problem gambling specific education to community/individuals to prevent adverse consequences resulting in problem gambling activity/behavior.
- 3.5 Maintain current and complete service delivery documentation and case files that reflect client progress and status per F.S. 491.

Knowledge, Skills and Abilities that the Certified Gambling Addictions Counselor should possess in order to perform the tasks identified in the Gambling Counseling Practice domain are:

- 3.a. Be able to examine the attitudes and feeling of the client, including the real meaning of money, deception and self-deception, fantasy and dissociation, spirituality, and transference and counter-transference.
- 3.b. Know the alternative solutions for problem gambling.
- 3.c. Be able to perform individual, group, and or family/significant other counseling services.
- 3.d. Develop and follow a treatment plan, including goals, objectives, and relapse prevention.
- 3.e. Know and understand financial management issues, such as restitution, budget preparation, and pressure relief groups.
- 3.f. Know and understand the relationship between problem gambling and substance abuse.
- 3.g. Be able to provide client care, including case management, crisis management identification and resolution, referral resources, reports and record keeping, and consultation.
- 3.h. Provide continuing care.
- 3.i. Know and understand Florida Statutes.
- 3.j. Recognize and address issues of co-occurring disorders and assure treatment.
- 3.k. Know and understand co-occurring disorders.
- 3.l. Know and understand chronic illnesses related to problem gambling.

Domain 4: Special Issues in Gambling Treatment

Job Tasks that should be performed by the Certified Gambling Addictions Counselor in the Special Issues in Gambling Treatment domain are:

- 4.1 Recognize, communicate and facilitate treatment with particular emphasis on and sensitivity to populations with special needs, such as military, youth, older adults, etc.
- 4.2 Recognize social and economic factors that encourage and romanticize gambling.
- 4.3 Recognize and respond to indicators of relapse and implement recovery strategies.
- 4.4 Recognize and respond to indicators of suicidal ideations and self-harm behaviors.
- 4.5 Provide and/or coordinate adequate support for suicide survivors to de-escalate crisis.
- 4.6 Access the procedures and pathways for the Baker and the Marchman Acts as necessary and appropriate.

Knowledge, Skills and Abilities that the Certified Gambling Addictions Counselor should possess in order to perform the tasks identified in the Special Issues in Gambling Treatment domain are:

- 4.a. Know and understand special population gambling issues, such as, youth gambling, older adults, female gamblers, military, criminal justice, professional and non-professional sport participants, and ethnic/cultural issues.
- 4.b. Know and understand relapse and relapse prevention.
- 4.c. Know and understand suicide issues in problem gamblers.
- 4.d. Know and understand survivor issues.
- 4.e. Know and understand relapse indicators and recovery strategies.
- 4.f. Know and understand the procedures and pathways for the Baker and Marchman acts.

Domain 5: Professional Issues

Job Tasks that should be performed by the Certified Gambling Addictions Counselor in the Professional Issues domain are:

- 5.1 Ensure client rights and confidentiality pursuant to Florida law to protect service recipients.
- 5.2 Engage in ethical behavior in keeping with the FCB standards to maintain the well-being of the client and the integrity of the profession.
- 5.3 Maintain ongoing professional development to build clinical competency and proficiency in emerging issues (evidence based & based practices) (continuous quality improvement).
- 5.4 Recognize and utilize collegial, clinical and/or administrative consultation when necessary.

Knowledge, Skills and Abilities that the Certified Gambling Addictions Counselor should possess in order to perform the tasks identified in the Professional Issues domain are:

- 5.a. Know, understand, and follow local and federal regulations related to client rights such as confidentiality, informed consent and mandatory reporting.
- 5.b. Know, understand and follow local and federal regulations related to discrimination and continuous quality improvement.
- 5.c. Know, understand and follow local and federal regulations related to managed care such as utilization review and outcome studies.
- 5.d. Follow ethical standards regarding non-discrimination, counselor responsibility, competence, legal standards, media statements, publication credit, client welfare,

confidentiality, client responsibility, inter-professional relationships, remuneration, and societal advocacy.

5.e. Knowledge of qualified supervision such as collegial, administrative, clinical and gambling-specific consultation.

5.f. Knowledge and understanding of the FCB's Code of Ethics.

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 21 tasks for the 5 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 Gambling Addictions Counselors. 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 Gambling Addictions Counselors, 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, 74 people responded to the survey. The demographic characteristics of the sample are summarized in Tables C-1 through C-11. 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.

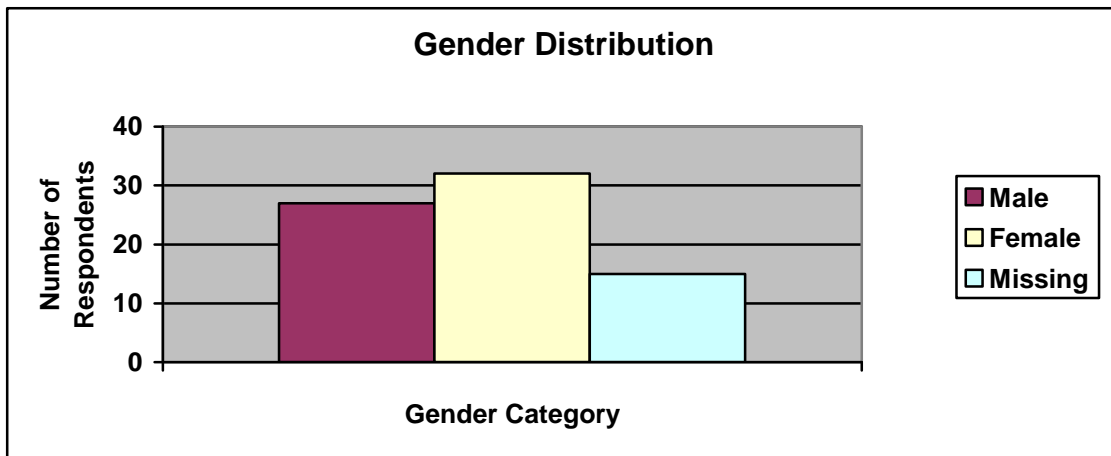
C. Analysis of Demographic Data

Eleven (11) 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, 45.8% (n=27) of the respondents were male and 54.2% (n=32) of the respondents were female. Fifteen respondents did not indicate gender. Table C-1 summarizes the gender variable.

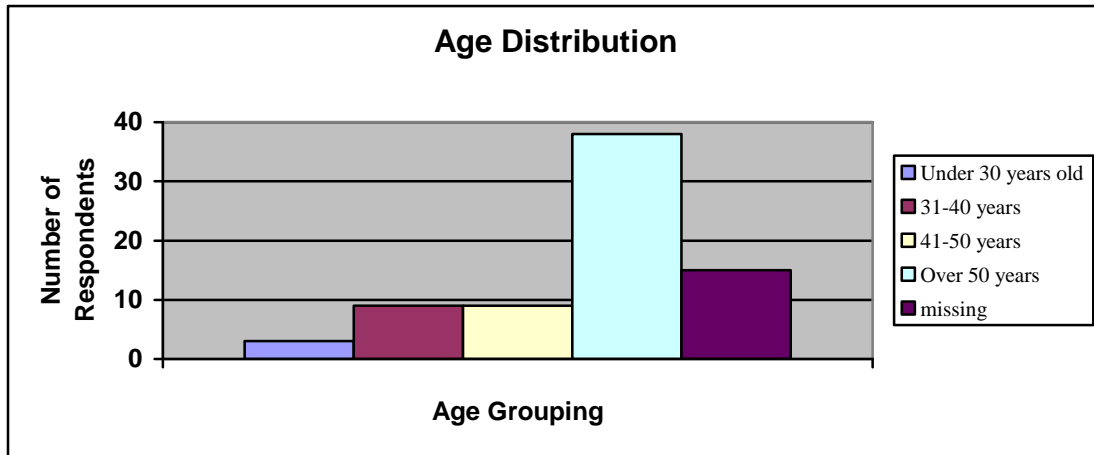
Table C-1: Summary of the Gender Demographic Responses



Age:

All levels of age were represented in the survey. The majority of the respondents (64.4%) were over the age of 50 years. Slightly more than 15% of the respondents (15.3%) were between the ages of 31 and 40. The same percentage of respondents was between the ages of 31 and 50. The remaining respondents were under the age of 30 years. The age variable is summarized below in Table C-2.

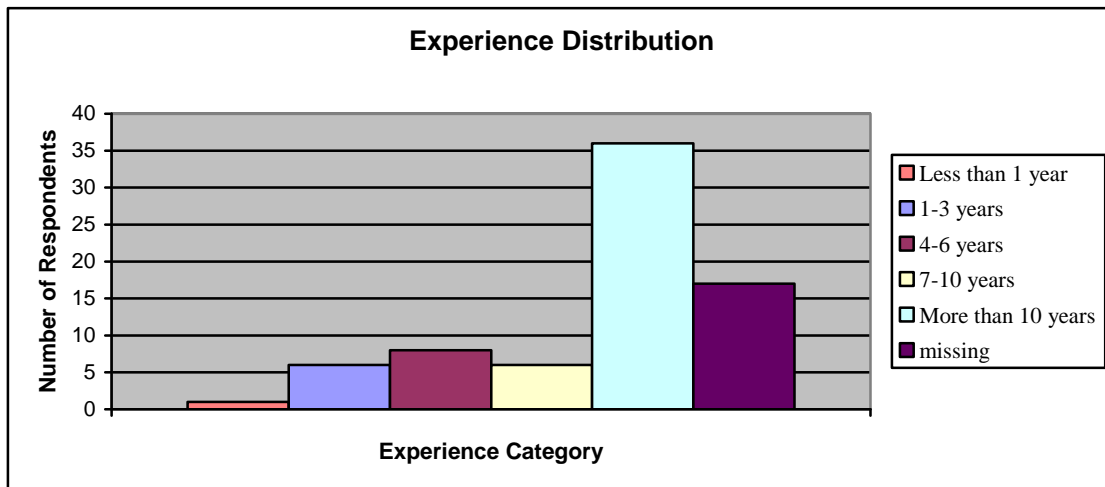
Table C-2: Summary of the Age Demographic Responses



Years of Experience

The majority of respondents (63.2%) indicated that they had more than 10 years of practice as gambling addictions counselors. 14% of the respondents indicated they had between 4 and 6 years of experience, closely followed by 10% of the respondents who indicated they had between 1 and 3 years of experience. Slightly more than 10% of the respondents indicated they had between 7 and 10 years of experience. 1.8% of respondents indicated they had less than one year of experience. The distribution of number of years of practice is illustrated in Table C-3.

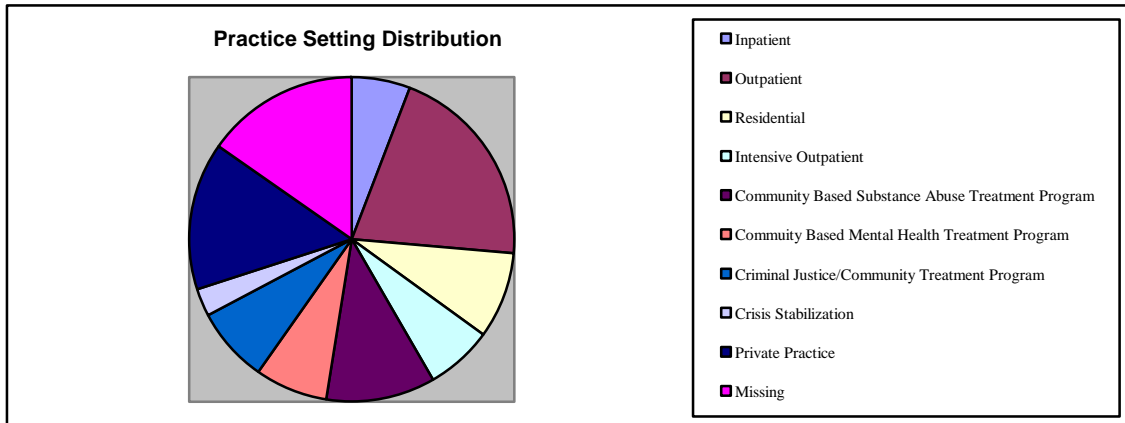
Table C-3: Summary of Years of Experience Demographic Responses



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 practice settings, respondents were asked to select their *primary* practice area.

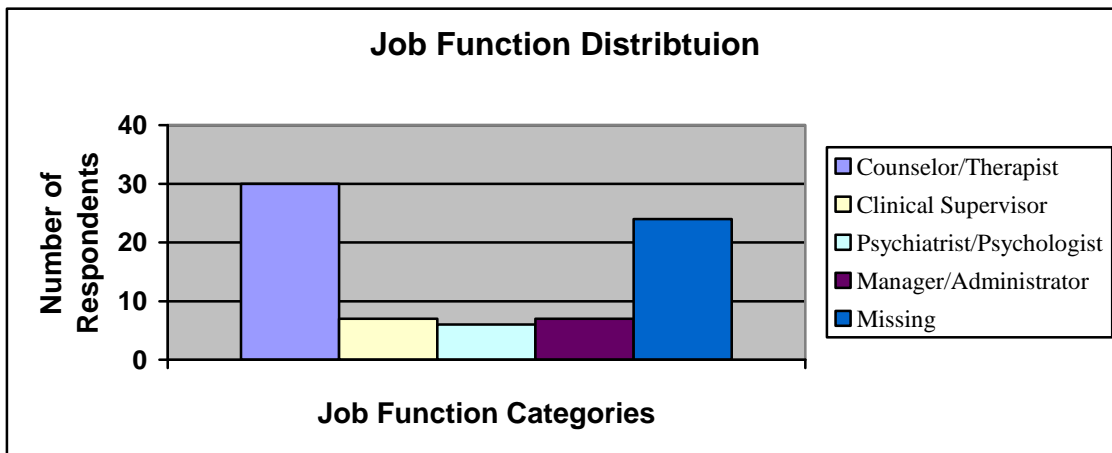
Table C-4: Summary of the Practice Area Demographic Responses



Job Function:

In addition to working in a variety of practice settings, individuals responding to the survey work in various job functions, as indicated in Table C-5 below. More than half (60%) of the respondents indicated that they currently serve in a Counselor/Therapist role. 14% of the respondents indicated they currently serve in a Manager/Administrator role, followed by 14% of the respondents indicating they worked in a Clinical Supervisor role. The remaining respondents are in Psychiatrist/Psychologist or other roles.

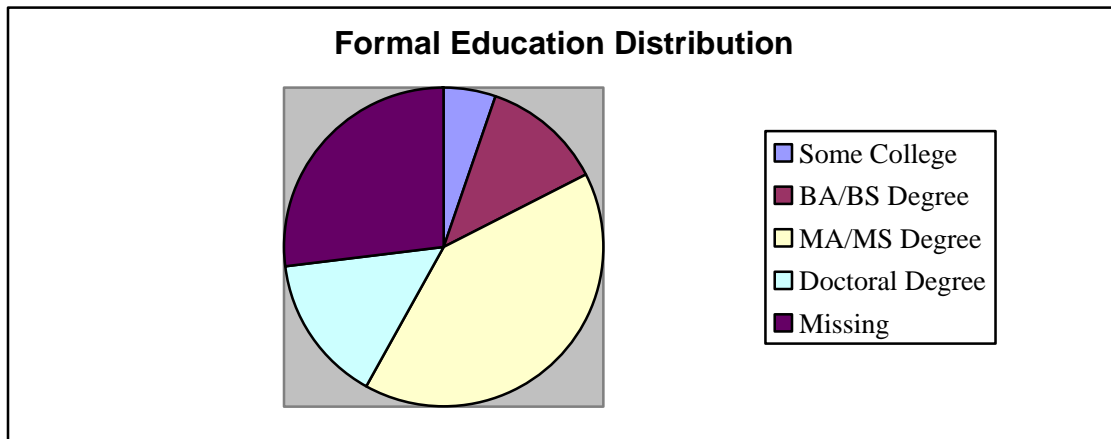
Table C-5: Summary of the Job Function Demographic Responses



Formal Education

Respondents were asked to identify their highest level of formal education. 55.6% of respondents hold a masters degree. 20.4% of respondents hold a doctoral degree. No respondents have completed less than some college education. The distribution is illustrated in table C-6.

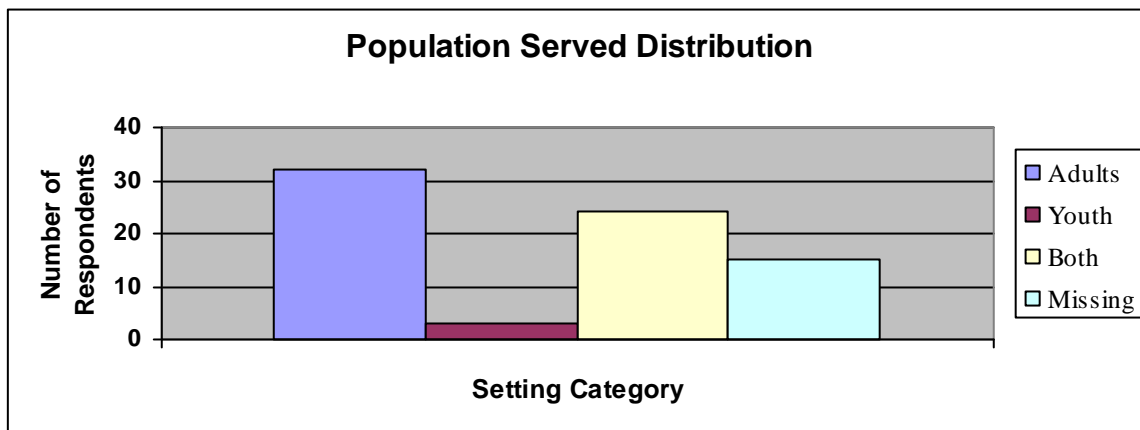
Table C-6: Summary of the Highest Level of Education Demographic Responses



Population Served

Respondents were asked to identify the population areas they served. The majority of respondents (54.2%) indicated that they served an adult population, followed by 40.7% of respondents indicating they worked with both adult and youth populations. The remainder of respondents indicated they worked with youth populations. Table C-7 provides the summary of the population to be served.

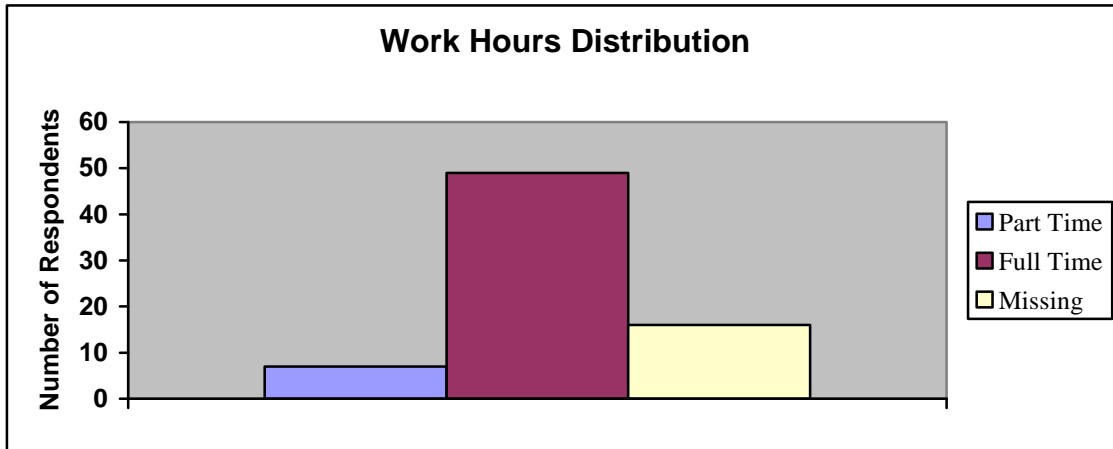
Table C-7: Summary of the Population Served Demographic Responses



Work Hours

The majority of respondents (84.5%) indicated that they worked full time. Only 7 respondents worked part time. Table C-8 shows the distribution of work hours.

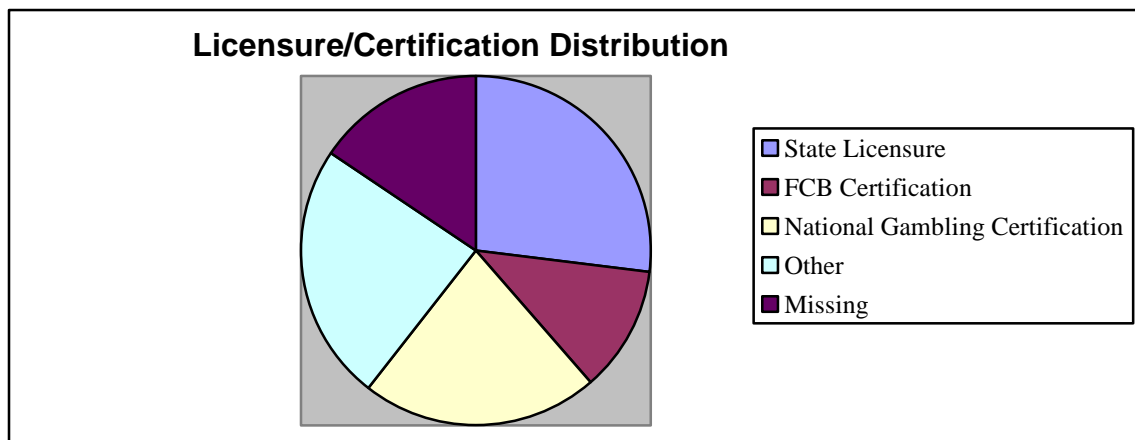
Table C-8: Summary of the Work Hours Distribution



Licensure/Certification

Respondents were asked to identify any types of certifications or licensures they held. 60% of respondents indicated that held a state license. More than half of the respondents indicated they held other certifications (52.7%), followed closely by 49.1% of respondents holding the National Gambling Certification. The remainder of respondents indicated they held a FCB Certification. Table C-9 shows the distribution of licensure/certification.

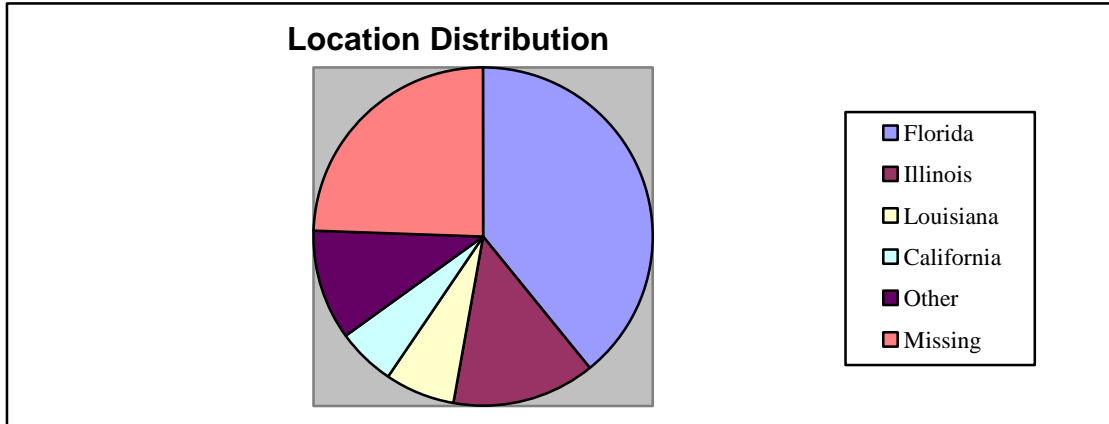
Table C-9: Summary of Licensure/Certification Distribution



Location

Respondents were asked to indicate what state they currently worked in. As shown in Table C-10, a range of states was represented.

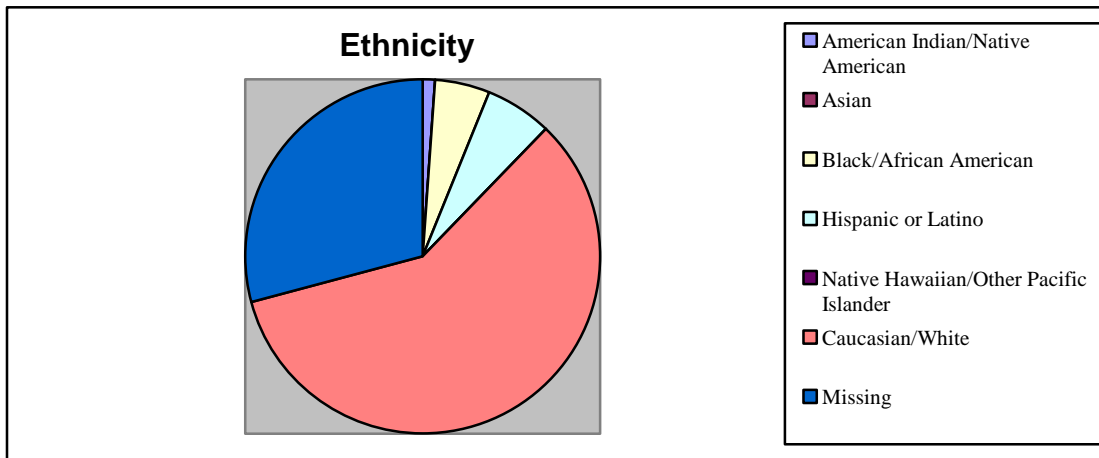
Table C-10: Summary of Location Distribution



Ethnicity

The final survey demographic question asked information regarding the ethnicity of the respondents. As shown in Table C-11, a range of ethnicities was represented.

Table C-11: 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 eight 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 Gambling Addictions Counselor 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 Gambling Addictions Counselor?”

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 five of the domains were evaluated as being important by both panel members and survey respondents, as the lowest rating was 4.18.

Table A-2: Comparison of Importance Ratings – Survey Respondents vs. Panelists

Performance Domains	Panelists' Importance Ratings	Survey Importance Ratings
Addiction Theories	4.50	4.44
Basic Knowledge of Problem and Pathological Gambling	4.57	4.31
Gambling Counseling Practices	4.53	4.18
Special Issues in Gambling Treatment	4.51	4.32
Professional Issues	4.69	4.56

Both the panelists and the survey respondents felt that Professional Issues was the most important domain. The panelist felt the least important domain was Addiction Theories while the survey respondents rated Gambling Counseling Practices as the least important domain. However, the difference is less than half a percentage point and the survey respondents and the panelists consistently rated each of the five domains as Very Important.

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 Gambling Addictions Counselor 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 five domains were evaluated as being performed an average or fair amount of time, with the lowest rating at 4.16.

Table B-2: Comparison of Frequency Ratings – Survey Respondents vs. Panelists

Performance Domains	Panelists' Frequency Ratings	Survey Frequency Ratings
Addiction Theories	4.41	4.48
Basic Knowledge of Problem and Pathological Gambling	4.41	4.21
Gambling Counseling Practices	4.51	4.34
Special Issues in Gambling Treatment	4.21	4.16
Professional Issues	4.71	4.56

The survey respondents and the panelists agreed that tasks in each domain are performed frequently, however, there were some differences between the survey respondents' frequency ratings and those of the panelists for the other domains. The survey respondents felt that the most frequently performed tasks are in Professional Issues, Addiction Theories, Gambling Counseling Practices, Basic Knowledge of Problem and Pathological Gambling, and then Special Issues in Gambling Treatment.

Conversely, the panelists felt that the most frequent duties are in Professional Issues, Gambling Counseling Practices, Addiction Theories, Basic Knowledge of Problem and Pathological Gambling, and then Special Issues in Gambling Treatment. Again, the differences in the means are not significant: the responses for each domain are within less than half of a percentage point.

C. Criticality Ratings

Respondents were asked to use the five-point scale (see table C-1, below) to respond to the following question, "Please indicate the degree of harm that may occur to the client, the public, etc., if the gambling addictions counselor does not perform the job tasks competently."

Table C-1: Criticality Rating Scale

Rating	Description
1	No Harm
2	Minimal Harm
3	Moderate Harm
4	Significant Harm
5	Extreme Harm

As shown in Table C-2, all five domains were evaluated as being critical, with the lowest rating at 3.60.

Table C-2: Comparison of Criticality Ratings – Survey Respondents vs. Panelists

Performance Domains	Panelists' Frequency Ratings	Survey Frequency Ratings
Addiction Theories	3.60	3.82
Basic Knowledge of Problem and Pathological Gambling	3.80	3.93
Gambling Counseling Practices	3.96	3.89
Special Issues in Gambling Treatment	4.20	4.16
Professional Issues	4.17	4.26

The survey respondents and the panelists agreed that each domain was critical to treatment; however, there were some differences between the survey respondents' criticality ratings and those of the panelists. The survey respondents felt that the most critically performed tasks are in Professional Issues and then Special Issues in Gambling, while the panelist felt that the most critical duties are in Special Issues in Gambling and then Professional Issues. Again, the differences in the means are not significant: the responses for each domain are within less than half of a percentage point.

D. 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 five 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 Gambling Addictions Counselors 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 Gambling Addictions Counselor.

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 Gambling Addictions Counselor 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 Gambling Addictions Counselor. The survey data analysis indicated that all tasks are important and are frequently performed, as the lowest survey mean rating was 3.38. 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 21 tasks was summed to establish the Total Rating Score, which is 90.98 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 proportion of each task to the entire task inventory within each domain was then calculated. This proportion was directly used to determine the number of items that should be allocated to each task. The differences in exam proportions between tasks were rather small; the lowest was 4.06% (Task 3.4), and the highest was 5.42% (Task 5.2). Since the difference was only 1.36%, the difference in the number of allocated tasks should be only one. By allocating two (2) items per task, the total number of items will be 42. In order to achieve the total number of items of 50, 8 tasks should be chosen to allocate 3 items. The procedure by which this was determined is as follows:

First, the number of items for each domain was determined based on the sum of the exam proportions for items within each domain such that the total number of items will be 50. The results were 5, 9, 12, 14, and 10 items for the five domains, respectively.

For each domain, the number of tasks to be assigned 3 items, rather than 2 items, was determined by $(2 \times \# \text{ of tasks in the domain}) - (\# \text{ of items for the domain})$. For example, there were 5 tasks in Domain 3, while 12 items should be assigned to the domain. Since $12 - (2 \times 5) = 2$, 2 tasks should be assigned 3 items. Among the tasks in Domain 3, tasks 3.1 and 3.2 had the highest exam proportions. Therefore 3 items were assigned for the remaining tasks 3.1 and 3.2, while 2 items were assigned for the remaining 3 tasks in Domain 3. The same procedure was applied for the other 4 domains. As a result, tasks 1.2, 2.2, 3.1, 3.2, 4.3, 4.4, 5.1, and 5.2 were chosen to assign 3 items rather than 2 items. All other items were assigned 2 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	.941
Frequency	.871
Criticality	.961

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
Addiction Theories	9.6%
Basic Knowledge of Problem and Pathological Gambling	18.7%
Gambling Counseling Practice	23.3%
Special Issues in Gambling Treatment	28.4%
Professional Issues	20.1%

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

Domain	Importance Rating	Criticality Rating	Frequency Rating	Exam Proportion
Addiction Theories	4.44	3.85	4.48	9.6%
Basic Knowledge of Problem and Pathological Gambling	4.31	3.93	4.21	18.7%
Gambling Counseling Practice	4.18	3.89	4.34	23.3%
Special Issues in Gambling Treatment	4.32	4.16	4.16	28.4%
Professional Issues	4.56	4.23	4.56	20.1%

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

Domain/Task	Importance Rating	Criticality Rating	Frequency Rating	Exam Proportion
Domain 1: Addiction Theories				
Task 1.1	4.27	3.78	4.40	4.67%
Task 1.2	4.61	3.85	4.48	4.90%
Domain 2: Basic Knowledge of Problem and Pathological Gambling				
Task 2.1	4.50	4.14	4.47	4.91%
Task 2.2	4.64	4.32	4.47	5.03%
Task 2.3	3.91	3.75	3.90	4.33%
Task 2.4	4.19	3.51	4.02	4.39%
Domain 3: Gambling Counseling Practice				
Task 3.1	4.29	4.15	4.48	4.84%
Task 3.2	4.54	4.25	4.67	5.05%
Task 3.3	4.10	3.85	4.22	4.56%
Task 3.4	3.72	3.38	3.72	4.06%
Task 3.5	4.23	3.81	4.62	4.75%
Domain 4: Special Issues in Gambling Treatment				
Task 4.1	4.00	3.69	3.90	4.34%
Task 4.2	4.01	3.61	4.10	4.40%
Task 4.3	4.61	4.43	4.72	5.16%
Task 4.4	4.78	4.72	4.57	5.27%
Task 4.5	4.46	4.50	4.07	4.89%
Task 4.6	4.03	4.00	3.61	4.36%
Domain 5: Professional Issues				
Task 5.1	4.74	4.43	4.76	5.22%
Task 5.2	4.81	4.69	4.95	5.42%
Task 5.3	4.48	4.00	4.39	4.82%
Task 5.4	4.31	3.91	4.12	4.63%

Conclusion

The Gambling Addictions Counselor 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 2013.

Appendix A: Validation Survey Instrument

Note: The Survey was conducted on-line. This document duplicates the survey content and format. For access to the on-line version of the survey, please contact the FCB offices.

Introduction

The Florida Certification Board (FCB) is conducting a role delineation study (RDS) for the job classification of Compulsive Gambling Counselors. The purpose of an RDS is to identify the core performance domains of practice and the specific job tasks which are performed by compulsive gambling counselors.

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

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

Survey Overview

Individuals eligible for the Certified Gambling Addictions Counselor credential have the following characteristics. When you evaluate job tasks, please base your evaluations on individuals who meet this description.

A Certified Gambling Addictions Counselor has:

- A Certified Addictions Professional (CAP) designation;
- A physician license under Chapter 458 or 459, F.S.; or a professional license under Chapter 490 or 491, F.S.; or
- A National Compulsive Gambling Counselor Certification designation.

This survey is divided into five sections.

- Section 1 asks you to rate "how important" each core job task is to the overall job performance of a compulsive gambling counselor.
- Section 2 asks you to rate "how critical" each core job task is. Criticality refers to the degree that the inability to perform the job task competently would be seen as causing harm to the client, the public, etc.
- Section 3 asks you to rate "how frequently" the counselor performs job tasks within each domain.

- Section 4 allows you to provide us with feedback regarding the performance domains and job tasks. In this section you are able to recommend performance domains and/or job tasks that you believe are missing from the survey. To view a full copy of the performance domains and job tasks, please visit the FCB website at <http://www.flcertificationboard.org/>.
- Section 5 asks you to provide your demographic information. This information is confidential and is not linked to your survey. The purpose of collecting demographic information is to ensure that we have survey data from a representative sample of practitioners.

Survey Direction

1. You may exit and re-enter this survey at any time as long as you use the same computer. If you cannot complete the survey in one sitting, you may want to print a hard copy of the survey, complete the survey, and enter your ratings at one time.
2. Please carefully review the definitions of each rating scale before starting. The definitions are provided at the start of each section. To print a hard copy of the definitions, please visit the FCB website.
3. The survey data will not be submitted until you complete the entire survey and select the "Done" button.
4. Surveys must be completed no later than January 25, 2008. Please select the "next" button to begin the survey. Thank you for your participation!

Section 1: Importance

This section is divided into five performance domains. Under each domain is a list of job tasks performed by the counselor within that domain. For each job task, please indicate how important each job task is to the performance of a gambling addictions counselor. Select the number of the description that best describes how frequently the job task is performed.

- 1=Not Important. Performance of the task is not essential to job performance.
 2=Somewhat Important. Performance of the task is minimally essential to job performance.
 3=Important. Performance of the task is moderately essential to job performance.
 4=Very Important. Performance of the task is clearly essential to job performance.
 5=Extremely Important. Performance of the task is absolutely essential to job performance.

Domain 1: Addiction Theories

1.1 Apply theories of addiction in assessment and treatment practices.

1 2 3 4 5

1.2 Orient and educate clients with respect to the nature of addictive disorders and in particular problem gambling.

1 2 3 4 5

Domain 2: Basic Knowledge of Problem and Pathological Gambling

2.1 Perform a comprehensive assessment with an orientation toward gambling.

1 2 3 4 5

2.2 Determine the severity of gambling and any co-occurring disorders and immediate intervention and referral needs, such as financial, legal, housing, family, etc.

1 2 3 4 5

2.3 Engage clients and/or adversely affected individuals into treatment regardless of their recognition that a problem exists.

1 2 3 4 5

2.4 Network with other professionals, organizations, and facilities to determine and/or access referrals and services for the client.

1 2 3 4 5

Domain 3: Gambling Counseling Practice

3.1 Develop treatment plans with treatment goals and objectives to facilitate recovery.

1 2 3 4 5

3.2 Provide individual, group, and/or family counseling to develop and sustain protective and coping factors.

1 2 3 4 5

3.3 Conduct case management activities to address and stabilize life domains negatively affected by gambling.

1 2 3 4 5

3.4 Provide problem gambling specific education to the community/individuals to prevent adverse consequences resulting from problem gambling activity/behavior.

1 2 3 4 5

3.5 Maintain current and complete service delivery documentation and case files that reflect client progress and requirements per Chapter 491, F.S.

1 2 3 4 5

Domain 4: Special Issues in Gambling Treatment

4.1 Recognize, communicate, and facilitate treatment with particular emphasis on and sensitivity to populations with special needs, such as military, youth, older adults, etc.

1 2 3 4 5

4.2 Recognize social and economic factors that encourage and romanticize gambling.

1 2 3 4 5

4.3 Recognize and respond to indicators of relapse and implement recovery strategies.

1 2 3 4 5

4.4 Recognize and respond to indicators of suicidal ideations and self-harm behaviors.

1 2 3 4 5

4.5 Provide and/or coordinate adequate support for suicide survivors to de-escalate crisis.

1 2 3 4 5

4.6 Access the procedures and pathways to initiate the Baker and/or Marchman Acts as necessary and appropriate.

1 2 3 4 5

Domain 5: Professional Issues

5.1 Ensure client rights and confidentiality pursuant to Florida law.

1 2 3 4 5

5.2 Engage in ethical behavior to maintain client well-being and the integrity of the profession.

1 2 3 4 5

5.3 Participate in ongoing professional development to build clinical competency and proficiency.

1 2 3 4 5

5.4 Recognize and utilize collegial, clinical, and/or administrative consultation when necessary.

1 2 3 4 5

Section 2: Criticality

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

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

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

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

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

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

Domain 1: Addiction Theories

1.1 Apply theories of addiction in assessment and treatment practices.

1 2 3 4 5

1.2 Orient and educate clients with respect to the nature of addictive disorders and in particular problem gambling.

1 2 3 4 5

Domain 2: Basic Knowledge of Problem and Pathological Gambling

2.1 Perform a comprehensive assessment with an orientation toward gambling.

1 2 3 4 5

2.2 Determine the severity of gambling and any co-occurring disorders and immediate intervention and referral needs, such as financial, legal, housing, family, etc.

1 2 3 4 5

2.3 Engage clients and/or adversely affected individuals into treatment regardless of their recognition that a problem exists.

1 2 3 4 5

2.4 Network with other professionals, organizations, and facilities to determine and/or access referrals and services for the client.

1 2 3 4 5

Domain 3: Gambling Counseling Practice

3.1 Develop treatment plans with treatment goals and objectives to facilitate recovery.

1 2 3 4 5

3.2 Provide individual, group, and/or family counseling to develop and sustain protective and coping factors.

1 2 3 4 5

3.3 Conduct case management activities to address and stabilize life domains negatively affected by gambling.

1 2 3 4 5

3.4 Provide problem gambling specific education to the community/individuals to prevent adverse consequences resulting from problem gambling activity/behavior.

1 2 3 4 5

3.5 Maintain current and complete service delivery documentation and case files that reflect client progress and requirements per Chapter 491, F.S.

1 2 3 4 5

Domain 4: Special Issues in Gambling Treatment

4.1 Recognize, communicate, and facilitate treatment with particular emphasis on and sensitivity to populations with special needs, such as military, youth, older adults, etc.

1 2 3 4 5

4.2 Recognize social and economic factors that encourage and romanticize gambling.

1 2 3 4 5

4.3 Recognize and respond to indicators of relapse and implement recovery strategies.

1 2 3 4 5

4.4 Recognize and respond to indicators of suicidal ideations and self-harm behaviors.

1 2 3 4 5

4.5 Provide and/or coordinate adequate support for suicide survivors to de-escalate crisis.

1 2 3 4 5

4.6 Access the procedures and pathways to initiate the Baker and/or Marchman Acts as necessary and appropriate.

1 2 3 4 5

Domain 5: Professional Issues

5.1 Ensure client rights and confidentiality pursuant to Florida law.

1 2 3 4 5

5.2 Engage in ethical behavior to maintain client well-being and the integrity of the profession.

1 2 3 4 5

5.3 Participate in ongoing professional development to build clinical competency and proficiency.

1 2 3 4 5

5.4 Recognize and utilize collegial, clinical, and/or administrative consultation when necessary.

1 2 3 4 5

Section 3: Frequency

This section is also divided into the same five performance domains and sets of job tasks that you evaluated for importance and criticality. In this section, please indicate how often, on average, a gambling addictions counselor devotes to performing each job task within each domain.

1=Never

2=Rarely

3=Infrequently

4=Frequently

5=Repetitively

Domain 1: Addiction Theories

1.1 Apply theories of addiction in assessment and treatment practices.

1 2 3 4 5

1.2 Orient and educate clients with respect to the nature of addictive disorders and in particular problem gambling.

1 2 3 4 5

Domain 2: Basic Knowledge of Problem and Pathological Gambling

2.1 Perform a comprehensive assessment with an orientation toward gambling.

1 2 3 4 5

2.2 Determine the severity of gambling and any co-occurring disorders and immediate intervention and referral needs, such as financial, legal, housing, family, etc.

1 2 3 4 5

2.3 Engage clients and/or adversely affected individuals into treatment regardless of their recognition that a problem exists.

1 2 3 4 5

2.4 Network with other professionals, organizations, and facilities to determine and/or access referrals and services for the client.

1 2 3 4 5

Domain 3: Gambling Counseling Practice

3.1 Develop treatment plans with treatment goals and objectives to facilitate recovery.

1 2 3 4 5

3.2 Provide individual, group, and/or family counseling to develop and sustain protective and coping factors.

1 2 3 4 5

3.3 Conduct case management activities to address and stabilize life domains negatively affected by gambling.

1 2 3 4 5

3.4 Provide problem gambling specific education to the community/individuals to prevent adverse consequences resulting from problem gambling activity/behavior.

1 2 3 4 5

3.5 Maintain current and complete service delivery documentation and case files that reflect client progress and requirements per Chapter 491, F.S.

1 2 3 4 5

Domain 4: Special Issues in Gambling Treatment

4.1 Recognize, communicate, and facilitate treatment with particular emphasis on and sensitivity to populations with special needs, such as military, youth, older adults, etc.

1 2 3 4 5

4.2 Recognize social and economic factors that encourage and romanticize gambling.

1 2 3 4 5

4.3 Recognize and respond to indicators of relapse and implement recovery strategies.

1 2 3 4 5

4.4 Recognize and respond to indicators of suicidal ideations and self-harm behaviors.

1 2 3 4 5

4.5 Provide and/or coordinate adequate support for suicide survivors to de-escalate crisis.

1 2 3 4 5

4.6 Access the procedures and pathways to initiate the Baker and/or Marchman Acts as necessary and appropriate.

1 2 3 4 5

Domain 5: Professional Issues

5.1 Ensure client rights and confidentiality pursuant to Florida law.

1 2 3 4 5

5.2 Engage in ethical behavior to maintain client well-being and the integrity of the profession.

1 2 3 4 5

5.3 Participate in ongoing professional development to build clinical competency and proficiency.

1 2 3 4 5

5.4 Recognize and utilize collegial, clinical, and/or administrative consultation when necessary.

1 2 3 4 5

Section 4: Respondent Feedback

This section is designed to allow you to provide us with feedback regarding the overall set of performance domains and job tasks.

1. How well did this survey cover the performance domains expected of a gambling addictions counselor?
2. Are there any performance domains that you believe were omitted from the original list?
3. If yes, please describe.
4. How well did this survey cover the job tasks, within each performance domain, expected of a gambling addictions counselor?
5. Are there any job tasks that you believe were omitted from the original list?
6. If yes, please describe.
7. Additional Comments:

Section 5: Demographic Information

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

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

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

Part-Time Full-Time Other

8. In which state do you work?

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

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

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

State License FCB Certification National Gambling Certification

Other

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

American Indian/Native American Asian

Black/African American Hispanic or Latino

Native Hawaiian/Other Pacific Islander Caucasian/White

Appendix B: Summary Test Blueprint

Gambling Addictions Counselor Summary Test Blueprint (Based on 100 multiple-choice items)

Domain / Task		Items per Task	Items per Domain
Domain 1: Addiction Theories			5
1.1	Apply theories of addiction in assessment and treatment practices.	2	
1.2	Orient and educate clients with respect to the nature of addictive disorders and in particular problem gambling.	3	
Domain 2: Basic Knowledge of Problem and Pathological Gambling			9
2.1	Perform a comprehensive assessment with an orientation toward gambling.	2	
2.2	Determine the severity of gambling and any co-occurring disorders and immediate intervention and referral needs, such as financial, legal, housing, family, etc.	3	
2.3	Engage clients and/or adversely affected individuals into treatment regardless of their recognition that a problem exists.	2	
2.4	Network with other professionals, organizations, and facilities to determine and/or access referrals and services for the client.	2	
Domain 3: Gambling Counseling Practice			12
3.1	Develop treatment plans with treatment goals and objectives to facilitate recovery.	3	
3.2	Provide individual, group, and/or family counseling to develop and sustain protective and coping factors.	3	
3.3	Conduct case management activities to address and stabilize life domains negatively affected by gambling.	2	
3.4	Provide gambling specific education to the community/individuals to prevent adverse consequences resulting from problem gambling activity/behavior.	2	
3.5	Maintain current and complete service delivery documentation and case files that reflect client progress and requirements per Chapter 491, F.S.	2	

Domain 4: Special Issues in Gambling Treatment			14
4.1	Recognize, communicate, and facilitate treatment with particular emphasis on and sensitivity to populations with special needs, such as military, youth, older adults, etc.	2	
4.2	Recognize social and economic factors that encourage and romanticize gambling.	2	
4.3	Recognize and respond to indicators of relapse and implement recovery strategies.	3	
4.4	Recognize and respond to indicators of suicidal ideations and self-harm behaviors.	3	
4.5	Provide and/or coordinate adequate support for suicide survivors to de-escalate crisis.	2	
4.6	Access the procedures and pathways to initiate the Baker and/or Marchman Acts as necessary and appropriate.	2	
Domain 5: Professional Issues			10
5.1	Ensure client rights and confidentiality pursuant to Florida law.	3	
5.2	Engage in ethical behavior to maintain client well-being and the integrity of the profession.	3	
5.3	Participate in ongoing professional development to build clinical competency and proficiency.	2	
5.4	Recognize and utilize collegial, clinical, and/or administrative consultation when necessary.	2	

Appendix C: Detailed Test Blueprint

Gambling Addictions Counselor Summary Test Blueprint (Based on 100 multiple-choice items)

Domain / Task		Items per Task	Items per Domain
Domain 1: Addiction Theories			5
1.1	Apply theories of addiction in assessment and treatment practices.	2	
1.2	Orient and educate clients with respect to the nature of addictive disorders and in particular problem gambling.	3	
<p>Knowledge, Skills and Abilities that the Gambling Addictions Counselor should possess in order to perform the tasks identified in the <i>Addiction Theories</i> domain:</p> <p>Knowledge of:</p> <ul style="list-style-type: none"> • Progression and characteristics of substance abuse disorders • Warning signs, symptoms, and the course of substance abuse disorders • Effects of psychoactive substances on behavior, thinking, feelings, health status, and relationships • Denial and other defense mechanisms in client resistance • Federal and state regulations that apply to addiction treatment 			

Domain 2: Basic Knowledge of Problem and Pathological Gambling			9
2.1	Perform a comprehensive assessment with an orientation toward gambling.	2	
2.2	Determine the severity of gambling and any co-occurring disorders and immediate intervention and referral needs, such as financial, legal, housing, family, etc.	3	
2.3	Engage clients and/or adversely affected individuals into treatment regardless of their recognition that a problem exists.	2	
2.4	Network with other professionals, organizations, and facilities to determine and/or access referrals and services for the client.	2	
<p>Knowledge, Skills and Abilities that the Gambling Addictions Counselor should possess in order to perform the tasks identified in the <i>Basic Knowledge of Problem and Pathological Gambling</i> domain:</p> <p>Knowledge of:</p> <ul style="list-style-type: none"> • Prevalence of gambling problems among adults, youth, and treatment populations • Definition of pathological gambling • Operationalized definition of problem gambling • Pathological gambling disorder, including terminology, progression of the disorder, and withdrawal symptoms from gambling • History of problem gambling • National and state prevalence of problem gambling • DSM-IV <p>Skills and Abilities to:</p> <ul style="list-style-type: none"> • Perform client evaluations, including screening, intake, assessment, and diagnostic criteria 			

Domain 3: Gambling Counseling Practice			12
3.1	Develop treatment plans with treatment goals and objectives to facilitate recovery.	3	
3.2	Provide individual, group, and/or family counseling to develop and sustain protective and coping factors.	3	
3.3	Conduct case management activities to address and stabilize life domains negatively affected by gambling.	2	
3.4	Provide gambling specific education to the community/individuals to prevent adverse consequences resulting from problem gambling activity/behavior.	2	
3.5	Maintain current and complete service delivery documentation and case files that reflect client progress and requirements per Chapter 491, F.S.	2	
<p>Knowledge, Skills and Abilities that the Gambling Addictions Counselor should possess in order to perform the tasks identified in the <i>Gambling Counseling Practice</i> domain:</p> <p>Knowledge of:</p> <ul style="list-style-type: none"> • Alternative solutions for problem gambling • Financial management issues, such as restitution, budget preparation, and pressure relief groups • Relationship between problem gambling and substance abuse • Florida Statutes • Co-occurring disorders • Chronic illnesses related to problem gambling <p>Skills and Abilities to:</p> <ul style="list-style-type: none"> • Exam the attitudes and feelings of the client, including the real meaning of money, deception and self-deception, fantasy and dissociation, spirituality, and transference and counter-transference • Perform individual, group, and/or family/significant other counseling services • Develop and follow a treatment plan, including goals, objectives, and relapse prevention • Provide client care, including case management, crisis management identification and resolution, referral resources, reports and record keeping, and consultation • Provide continuing care • Recognize and address issues of co-occurring disorders and assure treatment 			

Domain 4: Special Issues in Gambling Treatment			14
4.1	Recognize, communicate, and facilitate treatment with particular emphasis on and sensitivity to populations with special needs, such as military, youth, older adults, etc.	2	
4.2	Recognize social and economic factors that encourage and romanticize gambling.	2	
4.3	Recognize and respond to indicators of relapse and implement recovery strategies.	3	
4.4	Recognize and respond to indicators of suicidal ideations and self-harm behaviors.	3	
4.5	Provide and/or coordinate adequate support for suicide survivors to de-escalate crisis.	2	
4.6	Access the procedures and pathways to initiate the Baker and/or Marchman Acts as necessary and appropriate.	2	
<p>Knowledge, Skills and Abilities that the Gambling Addictions Counselor should possess in order to perform the tasks identified in the <i>Special Issues in Gambling Treatment</i> domain:</p> <p>Knowledge of:</p> <ul style="list-style-type: none"> • Special population gambling issues, such as: youth gambling, older adults, female gamblers, military, criminal justice, professional and non-professional sport participants, and ethnic/cultural issues • Relapse and relapse prevention • Suicide issues in problem gamblers • Survivor issues • Relapse indicators and recovery strategies • Procedures and pathways for the Baker and Marchman acts 			

Domain 5: Professional Issues			10
5.1	Ensure client rights and confidentiality pursuant to Florida law.	3	
5.2	Engage in ethical behavior to maintain client well-being and the integrity of the profession.	3	
5.3	Participate in ongoing professional development to build clinical competency and proficiency.	2	
5.4	Recognize and utilize collegial, clinical, and/or administrative consultation when necessary.	2	
<p>Knowledge, Skills and Abilities that the Gambling Addictions Counselor should possess in order to perform the tasks identified in the <i>Professional Issues</i> domain:</p> <p>Knowledge of:</p> <ul style="list-style-type: none"> Local and federal regulations related to client rights such as confidentiality, informed consent and mandatory reporting Local and federal regulations related to discrimination and continuous quality improvement Local and federal regulations related to managed care such as utilization review and outcome studies Qualified supervision such as collegial, administrative, clinical and gambling-specific consultation The FCB's Code of Ethics <p>Skills and Abilities to:</p> <ul style="list-style-type: none"> Follow ethical standards regarding non-discrimination, counselor responsibility, competence, legal standards, media statements, publication credit, client welfare, confidentiality, client responsibility, inter-professional relationships, remuneration, and societal advocacy 			