

U.S. Office of Personnel Management
Office of Merit Systems Oversight and Effectiveness
Classification Appeals and FLSA Programs

Dallas Oversight Division
1100 Commerce Street, Room 4C22
Dallas, TX 75242-1027

Classification Appeal Decision
Under section 5112 of title 5, United States Code

Appellants: [appellants' names]

Agency classification: Addiction Therapist
GS-101-9

Organization: Substance Abuse Treatment Center
Psychology Service
Medical Center
Department of Veterans Affairs
[location]

OPM decision: Addiction Therapist
GS-101-9

OPM decision number: C-0101-09-02

/s/ Bonnie J. Brandon

Bonnie Brandon
Classification Appeals Officer

November 2, 2001

Date

As provided in section 511.612 of title 5, Code of Federal Regulations, this decision constitutes a certificate that is mandatory and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the government. The agency is responsible for reviewing its classification decisions for identical, similar, or related positions to ensure consistency with this decision. There is no right of further appeal. This decision is subject to discretionary review only under conditions and time limits specified in the *Introduction to the Position Classification Standards*, appendix 4, section G (address provided in appendix 4, section H).

Decision sent to:

Appellants:

[appellants' names and addresses]

Agency:

[appellants' human resources office]

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Introduction

On November 30, 2000, the Dallas Oversight Division of the U. S. Office of Personnel Management (OPM) accepted an appeal from [the appellants]. We received the agency's administrative report on July 11, 2001. The appellants' position currently is classified as Addiction Therapist, GS-101-9. They believe their position should be classified as Addiction Therapist, GS-101-11. The appellants work in the Substance Abuse Treatment Center (SATC), Psychology Service, Medical Center, Department of Veterans Affairs (VA), in [location]. We have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

To help decide the appeal, an OPM representative conducted telephone audits and an on-site audit with the appellants. We also interviewed their immediate supervisor by telephone and during the on-site visit and spoke with a specialist in the appellants' human resources office. In reaching our classification decision, we evaluated the findings from the audits and interviews and the information of record furnished by the appellants and their agency.

General issues

The appellants believe that the work they do is similar to that performed by other addiction therapists whose positions the VA has graded at the GS-11 level. With their appeal, the appellants included copies of position descriptions for GS-11 addiction therapists at three other VA locations. By law, we must classify positions solely by comparing the appellants' current duties and responsibilities to OPM position classification standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Since comparison to the standards is the exclusive method for classifying positions, we cannot compare the appellants' current duties to other positions as a basis for deciding an appeal.

Like OPM, the appellants' agency must classify positions based on comparison to OPM standards and guidelines. However, the agency has primary responsibility for ensuring its positions are classified consistently with OPM appeal decisions. If the appellants consider their position so similar to others that they all warrant the same classification, they may pursue the matter by writing to their agency's personnel headquarters. In doing so, they should specify the precise organizational location, classification, duties, and responsibilities of the positions in question. If the positions are found to be basically the same as the appellants' position, the agency must correct the classification of the positions to be consistent with this appeal decision. Otherwise, the agency should explain to the appellants the differences between their position and the others.

Position information

The appellants are assigned to position description (PD) number [number], dated September 27, 2001. The immediate and higher-level supervisors have certified that the PD is accurate. The appellants disputed the accuracy of two items in their PD and attempted to resolve the issue with their agency. With their appeal to us, the appellants provided statements that they believe better reflect their duties and responsibilities in the disputed areas. When appellants have been unable to resolve the issue of PD accuracy within their agency, we base our appeal decision on the

actual duties and responsibilities assigned by management and performed by the appellants. Therefore, we have considered the appellants' statements only insofar as they are relevant to their actual work.

The appellants are members of a multidisciplinary team who provide specialized treatment services to veterans with substance abuse problems and disorders related to those problems. The team consists of psychologists (clinical and counseling), social workers, addiction therapists, a psychology technician, and a clerk. A GS-13 Supervisory Clinical Psychologist supervises the appellants.

Many of the patients are "dual diagnosis" which means they suffer from a variety of mental, physical, and social disorders. The appellants work with patients who are assigned to inpatient detoxification and intensive outpatient treatment. They also follow up with patients in long-term residential care facilities and halfway houses.

As part of the intake of patients into the SATC, the appellants receive patients. They interview the patients, asking a variety of psychological and social behavior questions; administer and score a variety of standardized tests used to measure the patient's cognitive ability; and evaluate the information to determine the psychosocial status of the patient. The appellants also administer a comprehensive drug and alcohol assessment in accordance with established standards and tests. They make an initial assessment for use in developing a treatment plan or referring the patient for further assessment.

The appellants provide group, family, and individual therapeutic counseling and refer patients to community or other professional resources as needed for effective rehabilitation. They develop a master treatment plan, evaluate the patient's response to therapeutic interventions, and discuss and coordinate revisions to the treatment plans with the multidisciplinary treatment team. They monitor the patient's progress and make decisions regarding referral for further assessment, movement to the next level of treatment, or discharge. They collect information for the patient's case file and prepare a monthly progress report. In addition to counseling, they provide crisis intervention and stabilization to patients who are assessed as psychologically unstable.

The appellants participate in a variety of outreach and educational activities within the Medical Center and the community. They provide training to staff on new developments or techniques. They work with outside organizations and the community to obtain their cooperation, to improve relations and services, and to promote understanding of the substance abuse treatment program.

Patients are assigned on a random basis to the addiction therapists. Within their "scope of practice," the appellants make decisions and recommendations affecting the patient's treatment. The supervisor is available to discuss problems not resolvable through established practices. Clinical work is reviewed in accordance with SATC Peer Review Guidelines and Joint Commission Accreditation of Hospitals standards and practices, and Medical Center and SATC program requirements.

The appellants' position requires knowledge of fundamental psychological principles, theories of addiction, and methods of rehabilitation for chemical addiction. It also requires knowledge of

personality development and theories, addiction therapy principles and techniques, crisis intervention counseling, and human behavior dynamics. The knowledge required for the position is used to evaluate behavior and reaction patterns of patients, and to provide psychosocial assessments and develop treatment plans where dysfunctions exist. The position also requires the ability to assess patients' backgrounds with alcohol dependence, substance abuse, and psychiatric disorders and the ability to conduct in-depth individual and group counseling with special emphasis on the relationship between personality characteristics and substance abuse.

Series, title, and standard determination

The appellants do not contest the agency's determination of the series and title for their position. We agree that the position is appropriately assigned to the Social Science Series, GS-101. Since OPM has not specified titles for positions in that series, the agency may construct a descriptive title following the guidance in the *Introduction to the Position Classification Standards*.

OPM has not published a classification standard for the Social Science Series, GS-101. In such a case, we must compare the criteria in an appropriate classification standard or guide for related kinds of work to determine the grade. The appellants spend the majority of their time performing work comparable to clinical work and functions similar to those carried out by positions classified in the Psychology Series, GS-180. Therefore, we used the grading criteria in the GS-180 standard to evaluate the appellants' work.

Grade determination

The GS-180 standard distinguishes among grade levels on the basis of two broad classification factors: *nature of assignment* and *level of responsibility*.

Nature of assignment

This factor measures the nature, breadth, depth, and difficulty of the psychological theories and principles and the specialized methodologies and techniques used in a wide variety of settings and circumstances. Above the entry level, psychologists use, in addition to their professional knowledge and skill, knowledge of specific subject-matter areas (e.g., clinical, counseling, personnel, or engineering). The nature of the assignment may vary either as the result of the experience, training, and skill that the psychologist brings to the job or the functional or organizational limitations affecting the job.

At the GS-9 level, psychologists administer, interpret, and score a wide variety of standardized group and individual tests, and, under very close review, projective tests such as the Rorschach and Thematic Apperception Tests for psychologists working in clinical situations. At this level, psychologists consult with more experienced psychologists when evaluating overall patterns of personality-related characteristics revealed by tests. Patients assigned to the GS-9 psychologists have been judged by more experienced psychologists as unlikely to present unusual problems of evaluation. In counseling situations, GS-9 psychologists select an appropriate combination of standard or objective tests, administer and score the tests, and interpret the results for the clients.

In contrast to GS-9 psychologists, GS-11 psychologists are responsible for the results achieved, rather than for following specific procedures and techniques in achieving them. GS-11 clinical psychologists serve as members of a patient treatment unit where they perform psychological diagnosis and treatment and participate in staff discussions of patient diagnosis, treatment, and progress. They carry out clinical psychological work in testing and assessment of personality and in individual and group psychotherapy. Some may also devote a portion of their time to the conduct of independent research studies, participate in the training of trainees, or provide consultation on psychological matters to other professional and nonprofessional staff in the hospitals. GS-11 clinical psychologists work with a representative cross-section of the patient population in their work assignment unit. They use the full range of diagnostic tests for psychological assessment, and employ generally accepted psychotherapy techniques. GS-11 counseling psychologists recognize when a client's problems of personal adjustment preclude successful counseling and typically refer the client to higher grade psychologists.

The appellants have case manager responsibility for the overall treatment of substance abuse patients; however, the appellants do not provide assessment or treatment to patients who require more extensive professional treatment than the appellants' "scope of practice" allows. The "scope of practice" defines the limitations for what the appellants can do based on education, training, certification, and their assigned duties. The appellants' supervisor stated that their scope of practice is less than that of the higher grade psychologists on the treatment team. For instance, the appellants do not have diagnostic responsibility. The higher-grade psychologists on the team handle a greater variety of special treatment options and interpret the psychological tests. Similar to GS-9 psychologists, the appellants are trained and certified to use a variety of psychological assessment techniques including a variety of standardized techniques and methods. Although the appellants are not authorized to diagnose and treat patients with major psychiatric disorders, personality disorders, and medical conditions, they must be able to recognize the more complex psychosocial conditions and refer those patients for further assessment and treatment. As members of a multidisciplinary treatment team, the appellants must coordinate their decisions and adjustments to treatment plans based on the impact of other therapeutic interventions to provide effective treatment. The appellants' case manager responsibilities do not exceed the GS-9 level.

The appellants administer and score a variety of standardized tests. The methods and techniques involved in using these tests are well established, and results can be easily determined by cross-referencing the scores with a level on a chart, graph, or table. The appellants interview the patients, asking a variety of basic psychological and social questions, including standardized tests using the concepts of Bender-Gestalt, LATT and Aaron Beck to measure the patient's cognitive ability. The testing and interviewing duties are comparable to the GS-9 level.

Some of the appellants' clinical assignments have characteristics of GS-11 work. For example, patients are not pre-screened before being assigned to the appellants, and the appellants deal with some patients who have concurrent major psychiatric, personality, medical or psychosocial disorders. However, the appellants use established clinical practices and cognitive behavior concepts for which they are trained and certified to perform in individual and group counseling sessions. The nature of their work and the tests, methods, and techniques they use do not meet the intent of the treatment and types of interpretative tests found at the GS-11 level.

Overall, the appellants' participation on the multidisciplinary treatment team fully meets the GS-9 level. The appellants' participation and contributions are limited to substance abuse interventions. In carrying out their duties, the appellants apply knowledge and skills associated with substance abuse interventions and how those interventions affect the patient to assist in revising the overall treatment plan. Their duties do not meet the GS-11 level where psychologists on the team use the full range of diagnostic tests for psychological assessment to determine psychological diagnosis and treatment.

Level of responsibility

Psychologists exercise varying degrees of responsibility in carrying out their assignments. This factor covers such considerations as the psychologist's responsibility for planning the course of therapy for individual patients as opposed to carrying out a program developed by a superior, or the degree to which an engineering psychologist is responsible for recommendations concerning solutions to operating problems.

GS-9 level assignments typically are accompanied by a definition of the problems involved and discussion of the objectives to be met, but they are not accompanied by detailed preliminary instructions regarding sources of information or the techniques or methods to be employed. GS-9 psychologists are expected to plan their own work and follow established techniques in its accomplishment. However, the supervisor or other psychologist of higher grade is available to provide guidance if problems not previously encountered arise in the course of the work.

At the GS-9 level, proposed courses of action are reviewed in detail for completeness, adequacy of planning, appropriateness of the methods or techniques to be employed, reasonableness of scheduling, and appropriateness of the conclusions and recommendations drawn from the data developed. Contacts are not susceptible to detailed review. Contacts with other psychologists or representatives of other fields of science are for the purpose of exchanging information and opinions regarding the substance of the assignment or for discussing the solution to problems encountered in assignments. GS-9 psychologists also attend professional conferences and seminars for further training purposes and are relied upon to recognize and refer to their supervisors those questions that are beyond the scope of their knowledge or the limits of their assigned responsibility.

GS-11 psychologists typically work under the guidance and review of a more experienced psychologist. Within the framework of their defined assignments, they are responsible for carrying out their professional duties in accordance with generally accepted psychological theories, methods, techniques, and practices. They are professionally responsible for the application of standard and accepted theories, methods, techniques, and practices in their specialized field of psychology; for the accuracy and reliability of data obtained; and for the basic recommendations made. They receive guidance and consultation from their superiors in areas that involve the interpretation of factual data and its application to specific cases and agency experience and practice.

The personal contact work of GS-11 psychologists is important both to the scientific effectiveness and public acceptance of their work. These contacts may include, but are not limited to, contacts with professionals in their own or related scientific field for purposes of (a) consultation regarding projects within their area of responsibility, (b) collaboration, as a responsible staff member in the evaluation of proposed new methods or techniques, or (c) cooperation in collecting and reporting data for research purposes.

Although the appellants operate with a high degree of independence, they do so within a defined scope of practice. In addition to the level of responsibility outlined within their scope of practice, the appellants' work is subject to closer review than that envisioned at the GS-11 level. The appellants' supervisor makes a cursory review of their work when it involves a high-risk patient. The appellants also consult with the supervisor on problems beyond their scope of practice or when patients do not respond to established practices, standard methods, and techniques. The level of supervision for the appellants' position is comparable to the GS-9 level.

The appellants have been instrumental in learning, teaching, and evaluating new methods and techniques for adoption in SATC. Although they have created specific treatment tracks, they do not have independent authority to evaluate, test, or implement new techniques, methods, or procedures; rather, they discuss proposals with the team prior to implementation. This aspect of their work is similar to the description for the GS-9 level.

The appellants' regular and recurring personal contacts are to maintain liaison with halfway house facility administrative staff; long-term care facility administrative staff; substance abuse organizations, agencies and groups; community and private groups; legal entities; and SATC/Medical Center staff members. They participate on work committees, attend conferences and forums, and give medical education presentations. Although these types of contacts are important, the nature of their work in outreach and educational activities and the contacts associated with it are not comparable to the GS-11 level where personal contacts are important in both the scientific effectiveness and public acceptance of the work.

Summary

Since both factors are evaluated at GS-9 level, the proper grade for the appellants' position is GS-9.

Decision

The position is properly classified as GS-101-9 (title at the discretion of the agency).