

**OFFICE OF PERSONNEL MANAGEMENT
ATLANTA OVERSIGHT DIVISION
ATLANTA, GEORGIA**

CLASSIFICATION APPEAL DECISION

Under section 5112(b) of title 5, United States Code

Appellant: [Appellant]

Position: Addiction Therapist, GS-101-09

Organization: Psychiatry Services
Department of Veterans Affairs
Medical Center
[location]

Decision: GS-101-09
(Title at the discretion of the agency)
(Appeal denied)

OPM decision number: C-0101-09-01

Signature: Robert P. Gill **Date:** September 13, 1996
Classification Appeals Officer

File Number: 0101097A.atr

Background

On May 22, 1996, the Atlanta Oversight Division, Office of Personnel Management, accepted an appeal for the position of Addiction Therapist, GS-101-09, Psychiatry Service, Department of Veterans Affairs, Medical Center, [location]. The appellant is requesting that his position be changed to Addiction Therapist, GS-101-11.

The appeal has been accepted and processed under section 5112(b) of title 5, United States Code. This is the final administrative decision on the classification of the position subject to discretionary review only under the limited conditions and time outlined in part 511, subpart F, of title 5, Code of Federal Regulations.

Sources of Information

This appeal decision is based on information from the following sources:

1. The appellant's letter of May 15, 1996, appealing the classification of his position.
2. Agency's correspondence of June 11, 1996, providing position and organizational information.
3. A telephone interview with the appellant on August 27, 1996.
4. A telephone interview with the servicing classifier on August 26, 1996.
5. A telephone interview with the appellant's supervisor on August 29, 1996.

Position Information

The appellant is assigned to Position Number [#] which was classified on June 1, 1995. The appellant, supervisor, and agency have certified to the accuracy of the position description.

The appellant serves as an Addiction Therapist in a substance abuse treatment program in the Veterans Administration Medical Center. He conducts assessments of veterans and their significant others referred to the Substance Abuse Treatment Program (SATP) and provides treatment through individual/group counseling and crisis intervention within four designated treatment components: (1) outrage and early intervention; (2) Pre-Bed Care; (3) Aftercare, and; (4) outpatient services.

The appellant conducts an initial assessment of patients referred to SATP, many of whom may have concurrent major psychiatric disorders, personality disorders, medical conditions and multiple psychosocial stressors. He interviews patients, asks a variety

of psychological and social behavior questions, administers and scores a variety of standardized tests used to measure the patient's cognitive ability, and evaluates the information to determine the biopsychosocial status of the patient. He also administers a comprehensive drug and alcohol assessment in accordance with established standards and tests. He makes an initial assessment and recommends a treatment plan or refers the patient for further assessment.

The appellant conducts individual and group counseling to patients on a short, medium or long term basis. He develops a master treatment plan, evaluates the patient's response to therapeutic interventions and discusses and coordinates revisions to the treatment plans with other specialists. He monitors the patient's progress and makes decisions regarding referral for further assessment, movement to the next level of treatment, or discharge. He collects information for the patient's case file and prepares a monthly progress report. In addition to counseling, he provides crisis intervention and stabilization to patients who are assessed as psychologically unstable.

The appellant participates in a variety of outreach and educational activities within the medical center and the community. He provides training to staff on new developments or techniques. He works 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. He is the liaison between the SATP and the contract halfway house facilities, providing administrative and financial oversight for the program and individual and group counseling to patients.

The appellant works under the general supervision of the Chief, SATP, who assigns the work in terms of program guidelines, treatment components and an assigned "scope of practice." Within the assigned scope of practice, the appellant is independently responsible for the overall treatment of the patient and makes decisions and recommendations affecting the patient's treatment. Problems not resolved through established practices are discussed with the supervisor. As the Halfway House Liaison the appellant keeps the supervisor abreast of problems and the status of financial and administrative aspects of the contract Halfway House facilities.

Clinical work is reviewed by a peer review committee against established Joint Commission Accreditation of Hospitals (JCAHO) standards and practices, medical center and SATP program requirements. The appellant and other members of the SATP staff serve on this committee on a rotational basis and use a quality assurance checklist designed by the supervisor to review charts. The supervisor performs a quality assurance review of checklists for program efficiency. He meets with the SATP staff once a month to discuss problems, issues, or recommendations to improve the quality of the program.

Standards Referenced

Series Definition, Social Science Series, GS-101, September 1993.
Psychology Series, GS-180, June 1968.

Series and Title Determination

The title and series are not contested by the appellant.

The duties and responsibilities of the appealed position require exercise of discretion, judgment, and personal responsibility for the application of knowledge in one or more of the behavioral or social sciences; ability to assess patients' backgrounds with alcohol dependence, substance abuse and psychiatric disorders; ability to conduct in-depth individual and group counseling with special emphasis on relationship between personality characteristics and substance abuse, and ability to communicate verbally and in writing with individuals with varying backgrounds and levels of understanding. This work is properly classified to the Social Science, Psychology and Welfare Group, GS-100.

Since the work of the position is not classifiable to any specific occupational series within this group, the appellant's position is properly classified to the Social Science Series, GS-101. No standard or published titling practices exist for the GS-101 series; therefore, the agency may construct a descriptive title following the guidance in the Introduction to the Position Classification Standard. The agency has chosen the title Addiction Therapist.

Grade Determination

The Social Science Series, GS-101, does not provide specific grade evaluation criteria; therefore, a comparison to the criteria in the appropriate general classification guide or in one or more standards for related kinds of work is used to determine the grade.

The appellant spends the majority of his time performing work comparable to clinical work and functions similar to those carried out by positions classified to the Psychology Series, GS-180. The GS-180 classification standard is written in narrative format. Distinctions among grade levels are determined on the basis of two broad classification factors, i.e., (1) Nature of Assignment, and (2) Level of Responsibility.

Nature of Assignment

This factor measures the nature, breadth and depth, and difficulty of the psychological theories and principles, and specialized methodologies and techniques used in a wide variety of settings and circumstances. Above the entry level, psychologists utilize, 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

of a psychologist may vary either as a result of the experience, training, and skill that the employee brings to the job, or as a result of functional or organizational limitations affecting the job.

At the GS-09 level for psychologists working in clinical situations, the standard only addresses assignments involving administering, interpreting, and scoring of a wide variety of standardized group and individual tests, and under very close review, projective tests such as the Rorschach and Thematic Apperception Tests. It also notes that 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-09 psychologists have been judged by more experienced psychologists as not likely to present unusual problems of evaluation.

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.

The supervisor has delegated case manager responsibility for the overall treatment of substance abuse patients. However, the patients assigned are those whom the supervisor has determined the appellant is trained, certified, and qualified to treat as defined in the appellant's "scope of practice" (i.e., limitations on what the appellant can do based on education, training, certification, and the duties in the position description). In essence, the appellant does not provide assessment or treatment to patients who require more extensive professional treatment. He is trained and certified to use a variety of biopsychological assessment techniques including a variety of standardized techniques and methods. He is not responsible, trained, professionally qualified, certified or authorized to diagnose and treat patients with major psychiatric disorders, personality disorders, medical conditions, and/or multiple psychosocial stressors. He must, however, recognize more complex psychosocial conditions and refer patients for further assessment and treatment.

The appellant administers and scores a variety of standardized tests to patients where the methods and techniques to be used are well established and results can be easily determined by cross referencing the scores with a level on a chart, graph, or table. He conducts a one hour interview with the patient asking a variety of basic psychological and social questions (e.g., marital and employment status, who the president is, count backwards, what day it is, where the patient is and why they are there, etc.), including

standardized tests using the concepts of Bender-Gestalt, LATT and Aaron Beck to measure the patient's cognitive ability. He also monitors the collection of specimens for drug and alcohol screening. The appellant stated he does not use psychological tests such as the Rastkin Test, an interpretative test designed to diagnose a patient's psychological condition. Furthermore, the appellant's immediate supervisor stated the SATP program is not concerned with the general make-up (e.g., evaluation of overall patterns of personality-related characteristics revealed by tests) of patients such as a psychologist would be. The program is more specifically concerned with the cognitive behavioral aspects of patients.

The nature of the appellant's clinical assignment has some characteristics of the GS-11 level. He deals with a variety of patients many of whom have concurrent major psychiatric, personality, medical or psychosocial disorders. He is a member of a multi-discipline treatment team which requires him to coordinate decisions and adjustments to treatment plans based on the impact of other therapeutic interventions to provide effective treatment. However, the nature of work at the GS-11 level requires a positive education requirement, a professional knowledge of psychological techniques and experience to perform psychological diagnosis and treatment using the full range of psychological assessment employing generally accepted psychotherapeutic techniques. The appellant's assignment does not have these characteristics. He uses established clinical practices, cognitive behavior concepts for which he is trained and certified to perform in individual and group counseling sessions, and consults with other team members on their assessments when patients are referred for further assessment or treatment of more serious disorders or conditions. The nature of the work, tests, methods and techniques used by the appellant to assess patients do not represent the full range of psychological diagnoses and treatment nor the type of interpretative tests used and administered by GS-11 psychologists. He does not devote a portion of time to the conduct of independent research studies, etc. By the appellant's and supervisor's own admission, the appellant only employs established clinical practices, standardized tests and uses basic skills and techniques associated with cognitive behavior. This aspect of the GS-11 level is not met, and GS-09 is assigned.

The appellant's participation on the multi-discipline treatment team does appear to have some of the characteristics of treatment team work at the GS-11 level. GS-11 psychologists serve as members of a patient treatment unit where they (the psychologists in the treatment unit) perform psychological diagnosis and treatment. The appellant is one of the members of the multi-discipline treatment team, and as a team member, his contributions to the team have equal weight. However, his participation and contributions are limited to substance abuse interventions, not the total psychological diagnosis and treatment. He applies knowledge and skills associated with substance abuse interventions and how they impact the patient in order to assist in the development or revisions to the overall treatment plan which is the responsibility of another therapist. Therefore, his duties in this area do not fully meet the intent of the GS-11 level and are more reflective of the GS-09 level, where the appellant, in consultation with a more experienced psychologist (or

members of the multi-discipline team), evaluates overall patterns of personality related characteristics revealed by tests. The GS-09 level is assigned.

The nature of the appellant assignment meets the full intent of the GS-09 level.

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 the superior, or the degree to which an engineering psychologist is responsible for recommendations concerning solutions to operating problems.

GS-09 level assignments typically are accompanied by a definition of the problems involved and discussion of the objectives to be met, but are not accompanied by detailed preliminary instructions regarding sources of information or the techniques or methods to be employed. They 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 should problems not previously encountered arise in the course of the work.

At the GS-09 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. They also attend professional conferences and seminars for further training purposes and are relied upon to recognize and refer to their supervisors those questions which 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 appellant operates with a high degree of professional autonomy he operates within a defined scope of practice. In addition to the level of responsibility outlined within his scope of practice, his work is subject to close review. Not only is his work subject to peer review; but, a second level cursory review of the appellant's work is also given by the supervisor. The appellant also consults with the supervisor for problems beyond his scope of practice, or when patients don't respond to established practices, standard methods and techniques. This indicates he does not have professional responsibility for the overall treatment of the patient.

Although the appellant has been instrumental in learning, teaching, and evaluating new methods and techniques for adoption in SATP, the appellant consults with and obtains the supervisor's approval prior to testing or evaluating new techniques or methods for possible adoption into the program. The appellant does not have independent authority to evaluate, test or implement new techniques, methods or procedures; rather, he discusses proposals with the supervisor prior to implementation.

In terms of his clinical responsibilities, the appellant does not have overall responsibility for the treatment of patients. The supervisor has professional responsibility and authority over the appellant's case manager responsibilities and stated he does review the appellant's work, recommendations, and decisions affecting the overall treatment of patients, although the appellant has stated otherwise.

The appellant's regular and recurring personal contacts are to maintain liaison with contract Halfway House Facility administrative staff; substance abuse organizations, agencies and groups; community and private groups, and medical center and SATP staff members. He participates on work committees, attends conferences and forums and gives medical education presentations. Although these types of contacts are important, the nature of his work in outreach and educational activities and the contacts associated with it are not comparable with the contacts at the GS-11 level where the personal contacts are important in both the scientific effectiveness and public acceptance of the work.

The appellant provided three additional examples where he believes his personal contacts are important to both the scientific and public acceptance of his work:

- In 1995, the appellant received a letter from the Project Coordinator, Contract Halfway House Project, Program Evaluation and Resource Center, Palo Alto, California thanking him for providing a list of patients referred to VA Contract

Halfway Houses in FY 94. The list was used by a Study Team as part of a sampling of 1070 substance abuse patients for the study. The results of the study was reprinted in Psychiatric Services, January 1995, Vol. 46 No 1.

- November 1993, a copy of a certificate of appreciation from the Chief, Psychiatry Service, dated November 1993, for adapting the SATP treatment approach and philosophy to meet the diverse needs of an outpatient population and constructing a treatment sequence and delivery system that became a model for outpatient care in the SATP. The work contribution was praised and recognized from both patients and the staff.
- December 1990, a letter thanking him for his contribution to the VA Birmingham Regional Medical Education Center's program, "Current concepts for Treating PTSD," June 13-15, 1990, Cocoa Beach, Florida.

The work performed in Palo Alto did involve collecting and reporting data for research purposes, which is characteristic of GS-11 work. However, the appellant did not provide additional examples to show that work of this nature is a regular and recurring duty and responsibility in his current position.

The latter examples cited above cover a period of 1990-1993, which are not current examples of continuing work, nor did they demonstrate importance to the scientific effectiveness, as well as public acceptance of the work. The appellant's level of responsibility does not fully meet the GS-11 level.

The appellant does not have overall professional responsibility for the patients' treatment, but is expected to plan his work, and follow established practices, standards and guidelines. Work is subject to closer review and the nature and purpose of personal contacts do not fully meet the GS-11 the level; therefore, GS-09 is assigned.

Summary

Since both factors are evaluated at GS-09, that is the proper grade for the appellant.

Decision

This position is properly classified as GS-101-09 (title at the discretion of the agency). This decision constitutes a classification certificate issued under the authority of section 5112(b) of title 5, United States Code. This certificate is mandatory and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the Government.