

EDUCATION & TRAINING

How Will Certification Affect the Field of Psychiatric Rehabilitation?



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Since its inception, the field of psychiatric rehabilitation has been a work in progress. As a field of practice, it evolved from a consensus among many professionals that persons with a serious mental illness can achieve a better quality of life by utilizing community-based rehabilitation services (Pratt, Gill, Barrett, & Roberts, 2007). Such specialized community-based services call for cohesive protocols that address the diverse needs of the population. What these services might consist of, and more importantly, who can best provide them, became the challenge to the field.

A number of panels, consortia, and formal reports indicated the need to improve the service delivery workforce in the mental health field, issuing various “calls for action” (Coursey et al., 2000; U.S. Surgeon General, 1999; New Freedom Commission on Mental Health, 2003; Hoge, et al., 2007; National Alliance for Mental Illness, 2006). The various bodies have consistently identified providers who uphold recovery-based values and attitudes as a critical factor in service delivery.

Evolution of the Certification of Psychiatric Rehabilitation Practitioners

The United States Psychosocial
Rehabilitation Association (USPRA),

established in 1975 as IAPSRS, is now a 1400 member organization comprised of psychiatric rehabilitation agencies, practitioners, organizations, and individuals. Members champion community-oriented rehabilitation services and resources for persons with psychiatric disabilities. A growing conviction within USPRA is that practitioners require a particular set of knowledge and skills to appropriately and effectively provide psychiatric rehabilitation services. In 1996, IAPSRS established a registry of qualified practitioners. The goal was to emphasize the specialized knowledge, skills, and values of psychiatric rehabilitation practitioners. In 2002, USPRA replaced the registry with a certification examination and the new credential, Certified Psychiatric Rehabilitation Practitioner (CPRP). The stated mission of the CPRP program is:

to foster the growth of a qualified, ethical, and culturally diverse psychiatric rehabilitation workforce through a test-based certification program and enforcement of a practitioner code of ethics. (www.uspra.org)

The Role Delineation Report for Certified Psychiatric Rehabilitation Practitioners (2001) that serves as the foundation for the examination encompasses more than ninety skill and knowledge areas, grouped into seven performance domains: interpersonal

competencies; professional role competencies; community resources; assessment, planning, and outcomes; systems competencies; interventions; and diversity (IAPSRs, 2001). The CPRP exam based on these domains is a psychometrically sound instrument, operationally defining competence levels of practitioners in psychiatric rehabilitation (Gill, 2005).

Why Certification?

The intent of most certification efforts is to populate a profession with practitioners who are not only competent but also *recognized* as being competent to provide the unique services central to those fields. Leahy and Szymanski (1995), writing about the field of rehabilitation counseling, assert that one profession is distinguished from others when common structures are present, including self-regulation, autonomy, and monopoly. These common structures include programs of educational preparation, professional associations, accreditation of educational programs, regulation of practice, certification and licensure, and ethical mandates. From this assertion, it would seem that credentialing is essential to professionalize a field, yet many experts argue that it is of questionable importance when little research exists on impact on the delivery of services.

For example, Thomas (1993), also writing about the field of rehabilitation counseling, insists that the primary purpose of credentialing is not to protect the service users or improve outcomes but, rather, to increase the power and authority of professional bodies and limit competition for available funds. He further suggests that professionals who are credentialed benefit from a perception of expertise and recognition, which affords them the opportunity to challenge competitors who may be perceived as less qualified. Thomas expresses concern

as to whether the certification exam for rehabilitation counselors accurately predicts competencies and raises the potentially stifling effect the process may have on education content and curricula. He believes certification and credentialing, while initiated on well-intended professional grounds, often turn into tools for restricting change and limiting exploration of new methodologies.

The credentialing process, then, launches a profession into undiscovered territory, with many caveats and considerations required of organizations, practitioners, consumers of services, policy makers, and funding sources. Promotion of the CPRP may face more formidable challenges unless it can substantiate outcomes that are visible to policymakers, funders, and the general public.

Why the CPRP?

The CPRP certification process measures competencies through skill sets and a defined knowledge base. As Gill (2005) reports, the relationship between psychiatric rehabilitation-specific education and positive CPRP test scores indicates that the CPRP does, in fact, accurately measure knowledge of and competency in these skills. With over 2,400 practitioners certified as of 2008, the CPRP is considered a step toward professionalizing psychiatric rehabilitation by many in the field. However, from a research perspective, the impact of CPRP certification on outcomes has received little attention.

The tug-of-war between cost-efficient service delivery and doing whatever is required for successful outcomes sets the tone for adoption of a certification process. The certification process can serve as a guarantee of a supply of competent professionals to address public concern over cost-effective and successful services. As many states revamp their policies and procedures to

include notions of wellness, recovery, and psychiatric rehabilitation services, the significance of practitioner qualifications increases. More importantly for this discussion, emphasis on practitioner qualifications continues to be paramount. For example, the state of New York has developed a Personalized Recovery Oriented Service (PROS) system that includes many of the elements necessary for recovery from a severe mental illness. Coping skills, medication and disability education, problem-solving skills, and relapse prevention are included in this recovery-focused system. New York State has recognized that, to provide these services, practitioners need to be equipped with the necessary expertise, and has approved the CPRP as a recognizable credential. Pennsylvania has also officially accepted that competent professionals are more likely to lead to cost-effective outcomes by requiring that 25% of practitioners serving people with a severe mental illness hold the CPRP credential.

To date, the CPRP credential is recognized in regulations defining and/or qualifying mental health practitioners in twelve states: Arizona, Georgia, Hawaii, Illinois, Iowa, Louisiana, Maine, Minnesota, New York, Pennsylvania, Virginia and, most recently, Florida. Many of these states had leaders in the psychiatric rehabilitation field who championed the policy initiatives among receptive policymakers. As state policymakers find it increasingly necessary and beneficial to reform both their Medicaid and mental health systems, a growing interest in practitioners who are qualified and competent to provide effective services has followed, with a corresponding increase in states requiring the CPRP credential.

USPRA's move toward certification is essential to establish the validity of the

psychiatric rehabilitation profession among the various policy and funding entities. However, certification should also serve to identify practitioners who are knowledgeable in proven methods and are able to apply critical components of these methods to meet individual consumer needs. Of course, to evolve with the profession and avoid stifling growth, certification will require ongoing attention and updating, ensuring that it accurately captures the growing body of skills and knowledge. A process of refining certification requirements has the potential to guide the evolution of psychiatric rehabilitation by influencing funding and policy entities and, in effect, drive the changing mental health system.

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