

## EDUCATION & TRAINING

### **Validating Certification in a Recovery Focused Mental Health System**



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System-wide transformation in community mental health has embraced outcome-based performance standards. The demand for demonstrated positive outcomes from policy makers and funding sources can be met by proven evidence-based interventions employed by properly trained and administratively supported staff. Evidence-based interventions are specific strategies and interventions that have been supported by empirical findings, with skills and methods that are clearly delineated and, if implemented with fidelity by trained staff, show increased positive outcomes for people using services. Evidence-based interventions in psychiatric rehabilitation establish and embrace skill sets and protocols through a set of measurable standards that can be learned and then replicated across programs. A practitioner who utilizes evidence-based interventions needs to possess critical thinking and the ability to systematically review existing and current data (McCracken & Marsh, 2008).

However, many community mental health services delivered to people with severe mental illnesses consistently fail to achieve specific positive outcomes. Working without the level of knowledge and expertise needed to effectively provide appropriate evidence-based interventions, staff often persist

in applying methods that are known to be ineffective (Drake et al., 2001). Acknowledging that there are very serious struggles in implementation and connecting research to practice (Rosenheck, 2001; Corrigan, Steiner, McCracken, Blaser, & Barr, 2001), evidence-based practice requires practitioners to be informed on the most recent literature, assess and understand the research, and make decisions that are in the best interest of the people they serve (Gill & Pratt, 2005). A strategy is needed whereby the mental health system can identify, develop, and sustain a workforce capable of conveying evidence-based interventions in ways that are cost-effective, measurable, and successful.

Credentialing is one possible avenue for identifying and developing qualified service providers. With demonstrated knowledge of skills, strategies, and protocols, a practitioner with a relevant credential offers the critical element of proficiency to a system that must make pragmatic decisions based upon the best use of resources to achieve desired outcomes. The Certified Psychiatric Rehabilitation Practitioner credential (CPRP) assures a full understanding of the principles of psychiatric rehabilitation, recovery, and application of evidence-based practices, as shown by validation studies of the certi-

fication process. In addition, practitioners who voluntarily seek certification demonstrate their motivation to maintain the standards of the profession as well as signify a commitment to the psychiatric rehabilitation field.

The CPRP certification process is designed to measure knowledge and competencies in the skill sets needed to deliver evidence-based interventions. The connection between education specific to psychiatric rehabilitation and positive CPRP examination scores indicates that the CPRP does, in fact, accurately measure knowledge of and competency in these skills (Gill, 2005). It would follow that the CPRP certification, where recognized and encouraged, should result in more effective service delivery, thus greater satisfaction among consumers and policymakers alike. This supposition, however, is yet to be validated.

As a model for validating the utility of the education and certification process, Szymanski and Linkowski (1993) conducted research on rehabilitation counseling professionals. The results of their study supported findings from the field that applying specific and clearly identified skill sets and methods work effectively in achieving the desired outcomes. This study, along with several that followed, was the catalyst for moving the rehabilitation counseling profession forward. The ability to certify rehabilitation practitioners and have this certification accepted (in many cases, demanded) by policymakers, consumers and funding sources, is unambiguously related to research data demonstrating the link between graduate study and certification in the rehabilitation counseling profession with desired vocational rehabilitation outcomes.

The field of psychiatric rehabilitation must conduct similar research on its certification in order to confirm, to itself and to the various stakeholders, the de-

gree to which practitioners with the CPRP certification effect desired results at a consistently better rate than those without certification. In order to establish the validity of the psychiatric rehabilitation profession in the minds of the various policy and funding entities, this empirical work would need to clearly and unequivocally establish a direct, positive effect on service outcomes resulting from services delivered by a provider with a CPRP. Based on the experience in the field of rehabilitation counseling, such investigation would offer the most logical and sustainable argument in favor of CPRP credentialing and would provide a solid basis for certification advocacy in those states and countries where it has yet to take hold.

Creating and sustaining a perception, if not a reality, of quality outcomes is the lifeblood of any service delivery system. It behooves leaders in the field of psychiatric rehabilitation to control the destiny of the profession, which would include providing substantiation that the approaches utilized are, in fact, the most effective.

USPRA's move toward certification is an essential component of assuring quality services. However, certification should also serve to recognize practitioners who are knowledgeable in proven methods and are able to apply critical components of these methods in meeting the needs of individuals using mental health services. It would seem logical for USPRA to continue promoting the CPRP as a means to achieve an evidence-based service delivery system—one that meets or exceeds the expectations and demand of service users, practitioners, funding sources, and policymakers. However, there remains a need to assure those outside the field that practitioners who possess CPRP certification are capable of efficient service delivery and genuine success.

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