

Psychiatric Rehabilitation: An Emerging Academic Discipline

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Abstract: Psychiatric rehabilitation is an emerging profession and academic discipline. This paper provides an overview of the need for psychiatric rehabilitation education, the workforce challenges this field faces and an introduction to the various efforts that institutions of higher education are making to meet this need. This paper also introduces some empirical findings in this area, reviewing three previously published evaluations of academic programs, and providing preliminary results of an unpublished evaluation from an American university with a career ladder in this field. The results of these evaluations suggest positive impact on the careers of the students, who appear to be knowledgeable and competent in psychiatric rehabilitation. More detailed evaluations of this education on the service outcomes of persons with serious mental illness are warranted as are studies of the methods of instruction used to develop the needed skills and attitudes. Replication of these existing academic programs should be considered.

Psychiatric rehabilitation (PsyR) is a field of practice that promotes recovery and the full community integration of persons who are adapting to a psychiatric disability. It has been described as an emerging profession and more recently an academic field of study with unique goals, values and principles (1–3). While PsyR is certainly closely related to other professions in the mental health arena, such as psychology, social work and rehabilitation counseling, it is more narrowly focused in terms of the population served, persons with serious mental illness. Also, in contrast to the traditional mental health disciplines that focus primarily on symptom reduction with these individuals, PsyR places an emphasis on helping service recipients identify their strengths and preferences in order to acquire socially valued roles in living, learning, working and social environments (1–3). To effectively deliver services, PsyR practitioners require a specific set of knowledge and skill competencies, as well as attitudes and values that ensure a recovery oriented and person-centered approach (4 – 6). This unique set of beliefs, goals and practices of psychiatric rehabilitation can be reliably

and validly measured through attitudinal questionnaires (7–9) and a standardized examination that is part of the Certified Psychiatric Rehabilitation Practitioner (CPRP) program (4, 5, 10). The CPRP examination has been validated through methods of content validity (4, 10) and concurrent validity (11).

Historical Background of a Workforce Development Crisis

The need for the complex role of the psychiatric rehabilitation practitioner grew out of the social policy of deinstitutionalization in the United States and other western nations that began in the 1960s. By the mid-1980s, thousands of patients had been discharged into a newly developed community mental health system, and it became increasingly clear that psychiatric treatment alone was not enough to help these individuals stay out of the hospital and integrate into the community (12). Varieties of services, as well as a wide array of community resources and supports, were needed to promote stability and good community adjustment (13). In most areas, community mental health

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centers struggled to meet the challenges of deinstitutionalization, in part because, "...no one prepared the staff...with skills, attitude and knowledge bases that fit the needs of the target population" (14, p. 253).

This lack of adequate preparation continues to the present day, with a number of experts concluding that the long-standing challenges of recruiting and retaining an adequately trained mental health care workforce has reached a crisis level (15, 16). Contributing to the workforce development problems are curricula deficiencies in both graduate and undergraduate level academic programs. While the mental health system in the U.S. has changed dramatically in recent years, the curricula of graduate programs in traditional mental health disciplines such as psychology, social work and counseling has been slow to keep up with the changes. Very few graduate programs are emphasizing important trends in service provision such as evidence-based practices, recovery-oriented services, or promising practices such as supported housing, supported education and peer provided services (14, 15, 17–19).

In the U.S., a substantial percentage of the direct care practitioners who provide services to persons with psychiatric disabilities do not have graduate degrees (20). About 25% have no degree (20) and those who have undergraduate degrees typically attended academic programs that contain very little content relevant to the provision of psychiatric rehabilitation services. For example, most undergraduate psychology majors receive no more than an introduction to psychopathology, and community-based treatment approaches may not be addressed at all (15, 21, 22). One survey of mental health employers found that more than one third of their employees who held bachelor's degrees were unprepared for their jobs. They lacked knowledge of severe and persistent mental illness, the skills required to effectively interview clients and facilitate groups, and they did not know how to conduct rehabilitation oriented assessments and service plans (22).

To address this lack of pre-service preparation, human service agencies typically rely on in-service training and clinical supervision to help entry-level practitioners gain requisite knowledge and skills. While these training methods expose new

practitioners to relevant ideas and skills, they generally do not foster the development of competency. One way of categorizing academic or training curricula is by intensity level. *Exposure level* curricula rely mostly on traditional didactic lectures and introduce the learner to new ideas or skills. At the *experiential level*, the educator goes a step further and includes a practical component that gives the learner an opportunity to apply newly acquired knowledge or skills. To achieve true competency, a more intensive *expertise level* of education is required. Achieving expertise in psychiatric rehabilitation practice takes a considerable amount of time and effort. Learners need more than didactic presentations and application exercises. They need multiple opportunities to try out new techniques and to receive feedback until they have demonstrated competency. Academic programs offering course sequences designed to gradually move students from exposure, to experience to expertise are more likely to ensure competency development than many agency-based in-service training programs which lack the resources to provide ongoing, high intensity curricula (18, 21).

Workforce Development through Higher Education Strategies

In an effort to identify other academic and training programs engaged in the dissemination of PsyR education, Boston University's Center for Psychiatric Rehabilitation compiled a report on Psychosocial Rehabilitation Training Resources (23). In addition to identifying a number of PsyR oriented in-service training programs, the report identified academic entities that:

Offered topics in their programs that correspond to accepted workforce competencies in psychosocial rehabilitation ...these competencies included areas such as: rehabilitation methodology competencies, consumer-centered competencies, practitioner competencies, knowledge base competencies, and system competencies (23, p. xi).

A total of 29 college or university level academic programs in the U.S. and two in Canada met these criteria (1, 23).

The programs listed in the report were quite diverse. A few of the programs were specifically labeled PsyR or psychosocial rehabilitation (18, 24), while many others existed as concentrations or specialties within other disciplines such as psychology (19), social work (25) and rehabilitation counseling (26, 27). Nevertheless, unique academic programs have been developed to meet the need to prepare psychiatric rehabilitation specialists. These include: post-secondary certificates (28), associate's degree programs (22), and bachelor's degree programs. The need for a graduate curriculum in PsyR has been stated by experts in different forums (21, 26, 27). Some graduate programs have been devoted to developing the management and supervisory skills needed to oversee these services. One such program is the master's in Psychiatric Rehabilitation described later in this article and summarized in Table 1. It is now adapted for delivery via the Internet (<http://shrp.umdnj.edu/smi>).

At least two special issues of other journals, *Rehabilitation Education* (29) and *Psychiatric Rehabilitation Skills* (now the *American Journal of Psychiatric Rehabilitation*) (28) have been devoted to the need for PsyR curricula in higher education, as well as a variety of initiatives taking place in various academic settings and departments. Despite the continued growth in the number and types of programs, there have been few published empirical evaluations of the efficacy of such a curriculum or its impact on the careers of PsyR professionals

(1, 18, 30). The number of programs has continued to grow despite the 2008 closure of the highly regarded Boston University Master of Science Degree Program in Rehabilitation Counseling, although that university still offers a variety of in-service and continuing education opportunities.

These programs as presented in both special issues of the journals (28, 29) have included a wide range of options and levels including: post-secondary certificates about one year in length offered at community colleges and universities, undergraduate and graduate offerings. Some of these focus specifically on the preparation of consumer-providers to enter the field including those at Housatonic Community College (31) and the University of Kansas School of Social Welfare (32). About 40% of all master's of science programs in rehabilitation counseling offer courses in psychiatric rehabilitation (27). Although not widely adopted, it has been demonstrated how a social work program specializing in psychiatric rehabilitation can achieve social work accreditation standards (25). In terms of doctoral programs in psychiatric rehabilitation, two papers have appeared on this topic (17, 18), which in part describe a clinical/rehabilitation psychology degree specializing in psychiatric rehabilitation at Indiana University – Purdue University at Indianapolis, a doctor of science degree at Boston University and the PhD at the University of Medicine and Dentistry of New Jersey (UMDNJ). While preparing practitioners

Table 1. Overview of the Psychiatric Rehabilitation Masters Degree Curricula

Program Topics	Semester Credits
PsyR principles, knowledge, skills	6
Helping skills, communication, rehab planning, interventions	6
Statistics and research methods	6
Program and organizational development, management and supervision	6
Advanced Seminar: Research and Public Policy	3
Clinical Practicum or Independent Study	3
Electives	6

with the competencies needed to provide evidence-based interventions that are rehabilitation and recovery oriented is leading priority, the availability of doctoral degree programs that emphasize PsyR can positively influence mental health systems in a number of other ways. Those who are educated in PsyR principles and practices can also serve as model clinical supervisors, administrators and innovators who can develop and study new interventions that may become tomorrow's evidence-based practices. In the same vein, PhD programs are critically important for their role in preparing psychiatric rehabilitation educators and researchers (17, 18). UMDNJ opened its doctoral degree program specifically in psychiatric rehabilitation in 1999, specializing in preparing researchers and academicians in psychiatric rehabilitation. Graduates of this program have attained full-time, full title faculty positions (33). During the 1990s as the number of educators who were focusing on PsyR principles and practices grew, informal networking among faculty from various institutions resulted in shared information on curricula and collaborative projects, such as working together to refine fieldwork evaluation tools. In 2001, the faculty at the Department of Psychiatric Rehabilitation of the University of Medicine and Dentistry of New Jersey (UMDNJ) convened the first Psychiatric Rehabilitation Educators' Symposium. The purpose of the event was to bring educators together to address the common challenges faced in their efforts to produce knowledgeable and competent PsyR practitioners. Faculty from all of the programs included in the 1995 report (23) were invited, as well as others who were identified through formal and informal networking. Over 40 educators from more than 20 institutions participated in the two-day meeting that took place on the UMDNJ campus in Scotch Plains, New Jersey (1).

PsyR educators have continued to meet bi-annually convening annual symposia throughout the U.S. with subsequent meetings hosted by University of South Carolina, University of Michigan, University of Maryland, and Southern New Hampshire University and at the annual USpra conference. In 2004, the group decided to formalize its identity as the Consortium of Psychiatric Rehabilitation Educators (CPRE). The mission of the CPRE is to

develop, promote and support academic initiatives and higher education programs specific to the contemporary practice of PsyR. Currently the CPRE is working on five goals:

- Creating and sharing educational content, materials, and resources with consortium members;
- Developing and promoting educational standards in PsyR;
- Providing professional development opportunities and support for PsyR educators;
- Promoting PsyR research that informs educational practices;
- Promoting PsyR education and disseminate information on PsyR educational opportunities (1, p. 126).

At their annual meetings, members of the Consortium of Psychiatric Rehabilitation Educators have discussed the challenges they face on integrating psychiatric rehabilitation curriculum into existing academic disciplines which have to meet pre-existing accreditation requirements, sometimes leaving little room for specific content on psychiatric rehabilitation. Although this is a common perception, a number of experts have found that specific content about psychiatric rehabilitation can be integrated into psychology, rehabilitation counseling and social work accreditation standards in a way which complements the effort to meet accreditation standards. This guidance is included in our references (18, 25, 27).

Another common problem faced by educators is encountered when attempting to establish a "foothold" within an institution of higher education. A "turf" issue arises almost immediately from other professions or disciplines who perceive psychiatric rehabilitation as a threat in that: 1) the implication is that they are doing a poor job in the area of serious mental illness, or 2) the new psychiatric rehabilitation courses present competition for the same pool of students or institutional resources. To address these concerns takes a fair amount of finesse and luck to locate the college or division within an institution that will be most receptive to psychiatric rehabilitation curricula. One strategy is to go where there is a low likelihood of perceived competition. For example, schools or divisions of

allied health, while devoted to the health professions, typically will not have other mental health academic programs. Social sciences schools or divisions typically do have other helping professions' programs and the receptiveness there is less certain. For example, the experiences of the authors with three psychology departments might be illustrative. The reception of the psychiatric rehabilitation faculty by the psychology faculty of these two departments was politeness followed by several years of inactivity and indifference. In contrast, another psychology department's faculty provided an eager reception and proposed developing a joint major immediately with the motivation of enhancing the career opportunities of their graduates. This has been followed by a strong ongoing collaboration.

Evaluations of Specific Psychiatric Rehabilitation Academic Programs

One of the founding members of the consortium, UMDNJ, established its Associate of Science Degree Program in Psychosocial (psychiatric) Rehabilitation and Treatment in 1993. At the time, offering an undergraduate degree program specifically in psychiatric rehabilitation was a groundbreaking endeavor. While the initial course curricula were developed by local experts, the UMDNJ faculty had great interest in learning about the experiences of academic programs in other places (1, 22). Over the next decade, the Associate of Science Degree program became part of the UMDNJ Department of Psychiatric Rehabilitation and Counseling Professions, which now offers a full career ladder of academic programs in addition to this original program, including certificate programs that prepare peer advocates and hospital staff, a Bachelor's of Science in Psychiatric Rehabilitation and Psychology, a Master's of Science in Psychiatric Rehabilitation that emphasizes leadership skills, a Master's of Science in Rehabilitation Counseling, with a track in psychiatric rehabilitation that is practice oriented and, finally, in 1999, the first program in the U.S. to offer a PhD in Psychiatric Rehabilitation (1, 24).

An evaluation of this department's Associate of Science (AS) degree (two-year, post-secondary) was reported in the peer-reviewed literature reported over a decade ago (22). The curriculum

topics for this academic program are presented in Table 2.

In this study, 85% of AS degree students in their first field placement functioned comparably to full-time employees as rated by the supervisors of those employees. Almost three-quarters of the students (72%) were rated by their supervisors as performing better than regular employees and approximately 45% of them were hired before graduation. Three months after graduation 76% were working in the field and 16% were pursuing bachelor's degrees.

Subsequently, in 1997, the same department developed a Bachelor of Science program consisting of a dual major in psychiatric rehabilitation and psychology (34). The BS in PsyR is a 124-credit program offered jointly with Kean University. Students in this program major in both PsyR and Psychology and receive a joint degree from UMDNJ and Kean University. The coursework for the BS program includes the courses described in the above AS program as well as Case Management Approaches and a choice of electives covering a wide array of topics (e.g., Vocational Rehabilitation Approaches, Substance Abuse and Mental Illness, Wellness and Recovery, and Program and Organizational Development).

A recent unpublished evaluation of this program by Barrett (34) found that program graduates felt they were several "steps ahead" of their professional peers in terms of: a) practical skills and b) knowledge of evidence-based practices and wellness/recovery principles and practices. Clinical practicum activities, communication and counseling skills, group facilitation techniques, clinical knowledge such as symptoms and medications, and information on evidence-based practices were identified as specific topics that helped them feel prepared for their jobs.

Participants stated that they had many opportunities to teach new ideas to co-workers, and even their managers and supervisors. Usually, they experienced resistance to basic principles and values of PsyR. "I introduced the idea that labeling people and using stigmatizing language is something that we should not do. It was not received well." Another stated, "I advocated for respecting and supporting people's personal preferences at a residence and got

Table 2. *Outline of Associate of Science Program Curriculum*

Course Title	Brief Description	Semester credits
Introduction to the Principles and Practices of Psychiatric Rehabilitation	Goals, values, guiding principles and settings for applications	3
Interviewing and Communication Techniques	Basic listening, observational, paraphrasing, and other helping skills	3
Group Activities	Planning and execution of group activities particularly skills training groups	3
Clinical Principles	Basics of psychopathology, terminology, nomenclature, symptomatology from medical and phenomenological perspectives.	3
Community Resources Management	Internet-based course on community resources and government services and how these can be supportive to goal attainment	3
Clinical Practicum I	500 hours of field placement in a psychiatric rehabilitation setting in direct practice with persons who have a serious mental illness, under supervision of experienced professional	12
Clinical Practicum II	3 hour weekly seminar to discuss participation in field work, learn documentation, and participation in team meetings	
Emerging Topics	Internet-based seminar on current topics currently focusing on wellness, recovery, systems transformation, and evidence-based practices	3

into a huge conflict with workers who objected to it." Other comments included, "I've tried to stress the point that sometimes what we see as a participant's 'over-reacting' with anger, etc., is often brought on by the over-controlling staff." One person reported seeing a more successful outcome, "I say at work that no one is their illness and it seems to be catching on."

In response to, "How did the program affect your ability to be an effective helper and team player at your job?" participants reported:

- "It made me more human and passionate about helping people."
- "It made me more humble and it warms my heart to see Recovery really taking place."

- "You take this (PsyR) with you everywhere you go."
- "I have really influenced the people I work with to utilize a strong Choose, Get, Keep approach."

A 36-semester credit Master of Science (MS) Degree Program in Psychiatric Rehabilitation at the University of Medicine and Dentistry of New Jersey was evaluated by Gill and his colleagues (35), assessing the impact of graduate degree programs on the careers of its students and graduates. Thirty-seven students and recent graduates of the MS Program participated in a survey regarding their demographic data, years of experience, work history and salary. The student body of this program was composed of fairly experienced professionals

currently working in the field with an average of 9–10 years experience. The overwhelming majority of students (86%) were currently employed in PsyR. About half of the employed students were in direct service positions. Other employed students worked in leadership roles as supervisors, managers and educators.

The program's curriculum content includes the technology, knowledge and skills of PsyR as well as other areas that leaders in the field require in order to be qualified for management, supervision and teaching positions. These other areas of content include personnel management, supervision, program and organizational development, statistics and research methods, as well as training and teaching methods. A summary was presented in Table 1.

The program, which focuses on the knowledge and skills required for effective PsyR leadership, attracts many supervisors and managers, as well as those who aspire to this type of position. This evaluation sought to address the following question: Does the program's curriculum assist students and graduates to succeed in their careers as measured by salary and promotions? Addressing that question, in turn, sheds light on whether the content of the curriculum is relevant to practices in the field and the needs of PsyR providers. In order to better understand the contributions of different variables to the explanation of the variance in salary, multiple regression analysis was conducted. With salary as the dependent variable, the predictors of: (1) years of experience, (2) grade point average (GPA), and (3) number of credits earned were entered simultaneously into the equation. Multiple $r(3, 30) = .77$ ($p < .01$) accounted for 59% of the salary variance. In order to better understand the unique contribution of each variable, Pearson r and part correlations were examined. A year of experience was the most effective predictor of salary, uniquely accounting for 27% of the variance. Number of credits earned uniquely accounted for 13%. Thus, more years of experience and more credits taken in the program were both associated with higher salaries. In a separate analysis, an indication of the concurrent validity of the curriculum came from evidence of the significant positive correlation between years of experience and grade point average.

Experience and GPA were positively correlated ($r(35) = .50$, $p < .05$).

Students' Development of Psychiatric Rehabilitation Attitudes

What is the impact of psychiatric rehabilitation education on the development of student attitudes, beliefs and practices? Casper and his colleagues (7–9) reported, in a series of papers, the development of a brief, reliable and valid measure of staff's agreement or disagreement with psychiatric rehabilitation beliefs, goals and practices, called the Psychiatric Rehabilitation Belief, Goals and Practices scale (PRBGP). It is a Likert-type scale that has been found to be sensitive to change. It is a 26-item scale that assesses an individual's knowledge of, adherence to, and belief in current PsyR principles and practices. This scale has established acceptable internal consistency with Cronbach's alphas ranging from .68 to .84 and high test-retest reliability, $r_{tt} = .92$ (7). The instrument assesses a number of factors including beliefs in consumer choice and empowerment, the importance of consumer preferences, the relevance of skills and interests over symptoms and the role of environments. Studying over 400 staff in New Jersey and Pennsylvania, 40 of who had attended formal educational or training programs in PsyR from three universities, Casper (7) found that, when compared to staff with other educational backgrounds, individuals who receive PsyR education expressed more of the PsyR beliefs, stronger adherence to its principles, and had more positive attitudes about people in recovery.

Using a revised PRBGP, Gill and his colleagues studied 131 undergraduate (certificate, associate's and bachelor's) students in the UMDNJ Department of Psychiatric Rehabilitation and Counseling Professions (36). The number of PsyR credits earned was positively correlated with the development of the PsyR attitudes ($r(129) = .51$). That is, as undergraduate students completed more credits, they report more agreement with the beliefs, goals and practices of PsyR. The largest growth in PsyR beliefs and practices was apparent after completion of clinical field placements. To further address whether PsyR beliefs, goals and attitudes are related to level of PsyR education, students were grouped into five categories:

- No courses completed (0 credits earned);
- One course or three (3) semester credits completed;
- Six to 12 credits of classroom-only training;
- 17–32 credits of combined classroom and clinical field training;
- Those who completed field training (33 credits or more).

Significant differences in PsyR attitudes were found among these different levels of credits ($F(4, 125) = 13.36, p < .001$). Planned comparisons found the following effects: (1) students who completed 6–12 credits had stronger PsyR attitudes than those who completed 3 credits or 0 credits; (2) those who completed the clinical field training sequence (33 credits) had stronger PsyR attitudes than all the previous levels. This suggests that participation in psychiatric rehabilitation education, especially its experiential components contributed significantly to the development of these attitudes.

Summary

Psychiatric rehabilitation as a practice and discipline includes specific beliefs, goals and practices. These can be validly and reliably measured. The best way to teach these competencies is through higher education that includes practical experience in the field. Program evaluations at the associate's, baccalaureate and master's levels have demonstrated the success of these practice-focused programs in terms of their contribution to the development of skilled practitioners who are both knowledgeable and competent.

These programs may have other positive outcomes as well in that they offer unique opportunities for collaboration among psychiatric rehabilitation service providers and psychiatric rehabilitation educators and researchers. In fact, a strong link between service providers and educators is an essential component of both pre-service clinical training and best practice research (18). The authors can attest to a number of mutually beneficial opportunities that have emerged from our relationships with psychiatric rehabilitation agencies. Community providers frequently serve as guest speakers for our classes; some have also

become adjunct faculty members. Agencies that have gotten to know our students and faculty through clinical practicum affiliations have also become collaborators for our research projects. Community providers and faculty members have also joined forces to advocate for innovative service provision and workforce development initiatives in our state.

Based on the studies done so far, replication of these academic programs at other institutions of higher education is warranted. However, more research needs to be conducted on both effective educational strategies and academic program outcomes. The Consortium of Psychiatric Rehabilitation Educators should also continue its work towards its goals, such as the development and promotion of educational standards for academic programs in psychiatric rehabilitation at both the undergraduate and graduate levels. Finally, as the field of psychiatric rehabilitation practice evolves, so must the academic discipline of psychiatric rehabilitation. Areas of specialty, such as academic degrees in integrated physical and mental health practice may be available in the not so distant future.

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