

*Special Issue*

**Psychiatric Rehabilitation Education**

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The collected articles for this special issue of *Rehabilitation Education* demonstrate the high level of sophistication and professionalism of psychiatric rehabilitation today and the enormous gap between psychiatric rehabilitation education and the needs of the field. Clearly, psychiatric rehabilitation is no longer in its infancy. However, in spite of dramatic gains in the last 25 years, the field remains a comparative youngster. The authors contributing to this special issue make an eloquent case for specialized education, training, and research and for the value of integrating psychiatric rehabilitation training into the field of rehabilitation counseling.

Although intended to excite and inspire, this collection of articles may have negative side effects on rehabilitation counselor education faculty who are already struggling to meet expectations for academic excellence, administrative efficiency, and the demand for continued scholarship demonstrated through presentations and publications. The daily reality of our own work as rehabilitation educators reins in our temptation to call for major curriculum revisions and additions and to discuss, instead, the broad implications for rehabilitation counselor education. This introduction attempts to extract key issues that, if attended to by rehabilitation counselor educators, are likely to yield substantive improvements with minimal upheaval.

First, psychiatric rehabilitation has become a profession and has developed its own identity. The body of theoretical and research material touched on throughout this special issue provides clear evidence of this professionalization, as does the initiation of examination development for a certification examination for psychiatric rehabilitation practitioners. It is apparent that psychiatric rehabilitation has close family ties to rehabilitation counseling, its philosophy, values, traditions, skills, and vision; however, it is important to note that many rehabilitation counselor education programs have not fully realized the connection or the potential of this synergistic partnership.

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Psychiatric rehabilitation agencies provide a resource for both recruitment and placement. Staff of these agencies are a largely untapped pool of committed individuals who might be recruited for graduate education, but who have either never heard of it or do not recognize its relevance for their work. It is both our challenge and our opportunity to prepare personnel to provide quality vocational rehabilitation services to people with psychiatric disabilities. In the lead article in this special issue, *Overview of Psychiatric Rehabilitation Education: Concepts of Training and Skill Development*, Farkas and Anthony point out that training in psychiatric rehabilitation has not kept pace with the developing knowledge base in psychiatric rehabilitation and that educators must facilitate the development of a work force with specific competencies that can effectively deliver the needed services to individuals with psychiatric disabilities.

Second, as educators, we must constantly monitor our own attitudes, since they “leach” into our teaching. It is important that we carefully examine our own biases toward people who have been diagnosed with mental illnesses. We might recall the frame of reference of Irving Kenneth Zola focusing on being “temporarily able-bodied” and consider ourselves temporarily sane or mentally well. We should ask: How careful are we of our own language? How do we present content on psychiatric disorders, when compared to our presentations on physical disabilities, such as spinal cord injury? How well do we integrate the domain of dual diagnosis or comorbidity? How willing are we to recruit, encourage, and support students who have a history of a diagnosis of mental illness? How prepared are we to support students who occasionally experience psychiatric symptoms during their academic or professional careers?

Third, information on psychiatric rehabilitation needs to be integrated into our curricula, not tagged on. Psychiatric disabilities affect many people receiving services from public and private rehabilitation agencies, and many individuals who have psychiatric disabilities could benefit from rehabilitation services. While specialization programs are needed, every rehabilitation counselor needs to have basic knowledge of and appreciation for the complexity of psychiatric disabilities and see them as a common ground for rehabilitation counseling both in theory and in practice. Fabian and Coppola, in their article *Vocational Rehabilitation Competencies*, present an excellent perspective on the importance of incorporating focused training on vocational issues in psychiatric rehabilitation preservice and in-service training programs.

Fourth, information on psychiatric rehabilitation offered in a rehabilitation counselor education program must go beyond diagnosis and psychopharmacology. Given the limited utility of psychiatric diagnosis in predicting outcomes or in selecting interventions, it seems myopic to make this the primary emphasis for educating master’s level rehabilitation counselors. Content areas mentioned throughout this special issue, such as the cognitive limitations and remediation strategies discussed by Corrigan and Calabrese in their article, *Practical Considerations for Cognitive Rehabilitation of People with Psychiatric Disabilities*, would be much more valuable than solely teaching about diagnosis.

Fifth, the principles and effective practices of psychiatric rehabilitation result in portable and transferable practitioner skills. Given the challenges of psychiatric rehabilitation, professionals in the field develop an understanding of the highly individualized nature of a disability, of the difficulties inherent in managing a disability with cyclical exacerbations and remissions, and of the complexity of disclosure and requesting

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accommodations for a stigmatizing an often “invisible” disability. The knowledge and skill resulting from meeting these challenges makes a rehabilitation counselor better able to provide services to people with varied, complex, and multidimensional disabilities. Doyle-Pita, in her article *Dual Disorders in Psychiatric Rehabilitation: Teaching Considerations*, discusses the complexity related to providing services to people with mental illnesses who also have a substance abuse disorder—a critical issue given the fact that 50% of people with mental illnesses have a coexisting disorder of substance abuse.

Psychiatric rehabilitation has directly tackled issues of stigma, empowerment, and recovery—terms familiar to rehabilitation counselors, but not often directly addressed through the provision of rehabilitation services. The field of psychiatric rehabilitation has developed “inoculation” training to teach people how to combat the negative effects of stigma, prejudice, and discrimination, used with good effect for racially and culturally based discrimination as well as stigma toward people with psychiatric disabilities. Psychiatric rehabilitation now addresses issues of empowerment directly through program evaluation measures and through advocacy for training consumers. As Spaniol presents in his article on *Recovery from Psychiatric Disability: Implications for Rehabilitation Counseling*, the concept and process of recovery has become a guiding force for the field.

Finally, this special issue demonstrates the value of collaboration and commitment. The field of psychiatric rehabilitation has taken a clear stand that no single program model will work for every person, every culture, or every geographic area. In spite of an occasional sense of competition among proponents of certain models, the field has been enriched by collaboration among and between consumers, providers, researchers, educators, and policymakers. Rollins and Bond, in their article, *Doctoral Education in Psychiatric Rehabilitation*, stress the importance of collaboration, emphasize the need to identify and implement evidence-based practices and support the value of a shared vision and commitment to psychiatric rehabilitation.

Perhaps small increases in collaboration and exchange among rehabilitation counselor education programs would result in enriched offerings for students. For example, distance learning provides a ready-made opportunity for students to access training that might be used for transfer credits or directed study credits, an idea discussed at the 1998 NCRE conference on distance learning. Involvement with community-based service providers can result in enriched course content as well as internship and employment opportunities for students, as Pratt and Gill discuss in their article *Psychiatric Rehabilitation Education: A Government Service Provider and Academic Collaboration*. Training committees for national organizations such as the International Association of Psychosocial Rehabilitation Services (IAPSRs) and NAMI (National Alliance for the Mentally Ill) and members from their local chapters, along with consumer self-help agencies, are an excellent resource for readings, books, and guest speakers. More intimate collaboration results from including representatives from these organizations on program advisory boards and inviting their participation as guest speakers and students.

The gap is wide between current knowledge of best practices in psychiatric rehabilitation and current instruction on psychiatric rehabilitation in rehabilitation education programs. This special issue represents an attempt to bridge that gap. This initial effort will hopefully prove thought provoking for rehabilitation educators. Ideally, publication of this

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special issue will initiate needed changes, leading not only to a stronger bridge, but also to a diminished gap.

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