

# International Encyclopedia of Rehabilitation

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# **Practitioner Certification in the Delivery of Vocational Rehabilitation Services to Individuals with Disabilities in the United States**

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## **Abstract**

This article reviews certification processes in the delivery of vocational rehabilitation services for people with disabilities in the United States. The purposes and elements of certification are discussed and three of the preeminent certification processes (CRC, CDMS, CCM) available to qualified practitioners are presented, including distinguishing features among these credentials.

## **Introduction**

Regulation of practice through professional certification and licensure has been identified as key elements of a profession (Rothman 1987) and central to the issue of professionalism. Over the past 35 years, in the United States (US) there have been increased efforts to develop professional credentials, particularly certification and licensure, to identify professionals who have met educational, work experience, and knowledge standards of their respective profession or discipline (Leahy 2002). While these credentialing efforts have developed systematically in response to a primary need to protect the public in relation to qualified providers of vocational rehabilitation, and case management services, they have also created a great deal of confusion among practitioners, other related professional groups, consumers, administrators, legislators, and other stakeholders in the health care and rehabilitation process (Leahy et al. 1999).

The purpose of this article is to review certification processes in the delivery of vocational rehabilitation and case management services for people with disabilities in the US. The elements of certification are provided along with a discussion of three of the preeminent certification processes in rehabilitation counseling, disability management, and case management available to qualified practitioners, including distinguishing features among these credentials.

## **Types of Practitioner Credentials**

Credentialing is the process of granting an individual practitioner a certificate that designates that professional as having attained a specified level of competence in a subject or area of practice (Fabrey 1996). The three generally accepted forms of credentials include licensure, certification, and registration. Among the three credentials, licensure is clearly the most powerful and restrictive, and refers to a mandatory government requirement necessary to practice in a particular profession or occupation. Licensure includes both practice and title protections, and when both of these protections

are included in state-level legislation in the US, only licensed practitioners are permitted to practice and use a particular title (Fabrey 1996).

The second form of credentialing is the granting of certification. This process is usually voluntary, and provided by a non-governmental agency, with individuals certified as possessing specific, advanced knowledge and skill in a particular area. Similar to licensure, the certification process normally requires an examination of knowledge and an evaluation of education and/or work experience related to the area of certification. In some cases individuals seeking certification already hold specific licenses. Certification implies a title protection, but unlike licensure, it does not protect the practice unless it is used by employers, and government agencies as a mandatory requirement to deliver rehabilitation related services. While the ultimate intent of licensure is to directly protect the public from incompetent practitioners who do not possess the appropriate level of education, work experience and knowledge, the general intent of certification is to inform the public that individuals who hold the certification have demonstrated a specific level of knowledge and skill deemed by the profession to be minimally sufficient in relation to competence. The only method of direct public protection that certification can offer is through the regulatory enforcement of its ethical code of practice (Fabrey 1996).

Finally, registration is the third recognized form of credentialing. This type of certificate is the least restrictive of the three, and is generally used in situations where protection of the public or consumers of services is not as critical. The granting of registration may simply imply the recognition of certain types of training and education related to a specific knowledge and skill set (Leahy et al. 1999).

## **Certification**

### **Basic Elements of Certification Processes**

While there are numerous credentialing organizations providing certification in the US, there are a number of common or basic elements that all certification processes share. The first of these elements relates to the requirement to perform ongoing job analyses of the role and function of the discipline or area of practice that the certificate represents. This research, which is sometimes referred to as role and function or professional competency research, defines both the functions associated with the role and the specific knowledge and skill competencies that the practitioner is required to have attained through education and work experience. This research provides for a detailed description of the scope of practice and a detailed blue print of the knowledge and skill competencies that are used as test specifications for the examination process of qualified applicants. Most of the examination methods used by certification efforts are objective tests which are constructed by the certification organization to measure the level of knowledge acquisition deemed necessary by the profession in order to provide quality services.

Also present within all certification organizations is some type of standards and credentialing review mechanism that judges the candidate's education and work history to determine eligibility against standards established by the regulatory organization. Once eligibility has been established, the candidate then proceeds to the examination phase, and if they pass the examination they are awarded the certificate for a specific

period of time, usually either three or five years. During that time the certificant is required to practice under the specific code of ethics adopted by the credentialing organization. Violations of this code in practice could jeopardize their certification status. Finally, another ongoing requirement of certification relates to professional development or continuing education. Most certifying organizations require a specific number of approved hours (e.g., 20 hours per year) of continuing education in order to maintain their certificate. This element is required of most certifying bodies who require life long learning and professional development as part of the certification process.

## **Certification in Rehabilitation Counseling**

In the vocational rehabilitation field, the Certified Rehabilitation Counselor (CRC) credentialing process is the oldest, and most established certification process in the counseling and rehabilitation professions (Leahy and Holt 1993, Saunders et al. 2009). The purpose of this certification is to ensure that the professionals engaged in rehabilitation counseling are of good moral character and possess at least an acceptable minimum level of knowledge, as determined by the Commission on Rehabilitation Counselor Certification (CRCC), with regard to the practice of their profession. The existence of such standards is considered to be in the best interests of consumers of rehabilitation counseling services and the general public. From a historical perspective, the CRC credentialing program was an outgrowth of the professional concerns of the American Rehabilitation Counseling Association (ARCA) and the National Rehabilitation Counseling Association (NRCA).

Since the inception of the credential and the subsequent development of the CRCC in 1974, over 35,000 professionals have participated in the certification process. Today there are over 16,000 CRCs practicing in the United States and several foreign countries (Leahy and Holt 1993, Saunders et al. 2009). Certification standards and examination content for the CRC have been empirically validated through ongoing research efforts throughout the more than 35-year history of the Commission. These standards represent the level of education, experience and knowledge required of rehabilitation counselors, as determined by the profession, to provide vocational rehabilitation services to individuals with disabilities across all practice settings in rehabilitation counseling. The CRC has gained acceptance as the standard in rehabilitation counseling, and is recognized by other certification and regulatory bodies as the premier credential of the Rehabilitation Counseling profession.

Over the years, an extensive body of empirically based knowledge has been acquired through various research methods (e.g., job analysis, role and function, professional competency, and critical incident approaches) that have identified and defined the specific competencies and job functions important to the practice of rehabilitation counseling and the achievement of positive outcomes with the consumers they serve (Leahy et al. 1993, Leahy et al. 2003, Leahy et al. 2009). In these studies, researchers have sought to more fully understand the role of the rehabilitation counselor in terms of what they do in practice, by focusing on the specific job functions and tasks performed by rehabilitation counselors to achieve successful outcomes with persons with disabilities. Researchers have also studied the underlying knowledge domains that are required in

order to perform these essential job functions associated with the role, and have examined these professional competencies in relation to their importance, practitioner preparation and attainment, and any differences in these variables of interest in relation to practice settings and counselor characteristics (Leahy et al. 2009).

In the earlier years of this discipline, studies like these were used by the regulatory bodies to help inform standards developed in the areas of academic program accreditation and practitioner certification (e.g., Berven 1979, Emener and Rubin 1980, Harrison and Lee 1979, Jaques 1959, Leahy et al. 1987, Muthard and Salamone 1969, Rubin et al. 1984, Wright and Fraser 1975). In more recent years, the explicit connection and knowledge translation between empirical research and standard setting by the discipline's regulatory bodies have significantly evolved (Leahy et al. 2009).

In this most recent examination of rehabilitation counselor competencies and job functions by Leahy et al. (2003), seven major job functions (Vocational Counseling and Consultation, Counseling Intervention, Community-Based Rehabilitation Service Activities, Case Management, Applied Research, Assessment, and Professional Advocacy) and six knowledge domains (Career Counseling, Assessment, and Consultation; Counseling Theories, Techniques, and Applications; Rehabilitation Services and Resources; Case and Caseload Management; Health Care and Disability Systems; and Medical, Functional, and Environmental Implications of Disability) were identified. CRCC, in using these results for the development of the current test specifications of the examination combined the major domains and subdomains to give the specifications a 12-domain organizational schema. (Leahy et al. 2009).

## **Certification in Disability Management**

In addition to the CRC credential, there are a number of related certification credentials that vocational rehabilitation practitioners in the US may hold. The first of these credentials is the Certified Disability Management Specialist (CDMS), which has been in existence since around 1983 (formerly known as the Certified Insurance Rehabilitation Specialist, CIRS). This credential was developed for various professionals delivering direct vocational rehabilitation services to individuals receiving benefits from disability compensation programs.

Disability Management (DM) functions occur in the workplace and consists of analyzing, collaborating, coordinating, disability prevention and workplace intervention, return-to-work (RTW), and development and evaluation of disability management programs (Certified Disability Management Specialist Commission [CDMS], n.d.; Rosenthal et al. 2007). An overarching goal of disability management is to help workers who sustain an injury or disability reach an optimal level of productivity while containing the costs of that disability or injury for the employer and affiliated parties. Disability management is usually characterized by direct access to the workplace (Currier et al. 2001) and occurs mainly in the settings of private (proprietary) rehabilitation companies, insurance companies, or in private practice (Rosenthal et al., 2007).

Disability management came into existence during the late 1970's and early 1980's in the US when escalating disability costs became a great concern to both employers and insurers (Rosenthal et al., 2007). In its beginnings, the focus of disability management was almost entirely on return to work (RTW) for persons who were injured or who incurred a disability. Over the years the focus of disability management has expanded to include prevention, safety, employee wellness, disease management and absenteeism; along with other emerging areas that help to mitigate the negative effect of disability (CDMS n.d.; Rosenthal et al. 2007).

The number of individuals who are currently identified as Certified Disability Management Specialists (CDMS) totals approximately 3,000. A person seeking to become a CDMS must (1) meet specified combination of education and employment experience. The employment experience must equal a minimum of 18 months, six months of that time being supervised by a CDMS, CCM or CRC, (2) be of good moral character, and (3) sit for and pass the CDMS certifying examination (CDMS, n.d.).

The requirements for the certification are set forth by the Certification of Disability Management Specialists Commission (CDMSC). The National Commission for Certifying Agencies accredits the CDMSC. Once certified, the credential remains valid for a period of five years. At that time the certified disability management specialist must either show that he/she has completed at least 80 hours of continuing education or again sit for and pass the certifying exam to retain the designation of a CDMS (CDMS n.d.).

The first role and function study was conducted in 1999 by the CDMSC and is to be repeated every five years (CDMS n.d.). The latest role and function study, conducted in 2004 seems to confirm the suspected evolution that has taken place in disability management by circumscribing the five domains of disability management identified in the previous role and functions study into three. Rosenthal et al. (2007) suggested this might be due to the blending of individual and organizational DM practices. The three domains of current DM practice include (1) disability case management, (2) disability prevention and workplace intervention, (3) and program development, management, and evaluation.

In an increasingly competitive economy the expectations placed on DM specialists for quality outcomes and cost containment will likely increase. In order to maintain credibility as a profession, disability management specialists will likely be expected to increase the use of evidence-based practice and familiarity with existing research (Rosenthal et al., 2007). It appears that with the increasingly high cost of healthcare and disability for employers and insurers, the CDMS is positioned to be an essential player in the future for persons who are injured or incur a disability in the workplace.

### **Certification in Case Management**

Finally, and the newest of all the credentials, is the Certified Case Manager (CCM). This credential, which was developed in 1993, was designed around the process of case management, as practiced by many different professionals in a variety of health care and rehabilitation settings in the US. Case management has been defined as “an interdisciplinary collaborative process designed to integrate and coordinate healthcare

services for high quality and managed costs (Tahan et al. 2006a, p. 4). It involves assessment, planning, utilization of resources, and evaluation of services towards increasing the likelihood of client needs being met in an effective and cost-efficient manner. Case managers can be found in multiple settings including: government agencies, health insurance companies, worker's compensation, hospitals, managed care companies, and others (Tahan et al. 2006b).

Case management was not widely recognized until the 1990's. Much of the growth over the past decade can be attributed to the sudden growth of managed care, the development and cost of medical technology, and the growing demand of health-care services for the aging population in the US (Tahan 2005).

There are currently over 40,000 practitioners who hold the CCM credential, a number that has grown dramatically over the past decade. The requirements for certification include (1) completing 12-24 months of full-time case management employment, the 12 month period requires supervision by a CCM unless the applicant is currently functioning as a supervisor of case management workers; (2) be of good moral character, and (3) sit for and pass the CCMC certifying exam (Commission for Case Manager Certification [CCMC] n.d.). Certification is valid for a period of five years. By the end of that five year period the CCM is required to either show that he/she has completed enough continuing education credits to maintain the credential or again sit for and pass the certifying examination ( CCMCb n.d. ). The CCM is overseen by the Commission for Case Manager Certification (CCMC). Although CCMC is not the only case manager certification available, it is the oldest and most widely accepted of the case manager certifications (Tahan 2005). The CCMC is also the only case management certifying body to be certified by the National Commission for Certifying Agencies (CCMCa n.d.).

The first role and function study was conducted for the CCMC by Leahy (1994), and another role and function study was then conducted by Chan et al. (1999). The most recent role and function study, conducted in 2004, identifies six domains of current practice. These domains are very similar to those found in previous studies (Tahan et al. 2006b). The six domains of current case management practice include (1) case management concepts, (2) case management principles and strategies, (3) Psychosocial and support systems, (4) healthcare reimbursement, (5) healthcare management delivery, (6) and vocational concepts and strategies.

Many of the factors that contributed to the increase of certified case managers in the 1990's continue today, including: the escalating cost of healthcare, medical technology improvements, growing aging population (Tahan, 2005). The emphasis of CCM's on high quality, cost-effective services is in high demand across the social service and healthcare fields.

## **Distinctions Between Vocational Rehabilitation and Case Management Certification in Rehabilitation**

There is no question that, among the three credentials described previously (licensure, certification and registration), certification is the most widely accepted, yet potentially confusing credential in the vocational rehabilitation and health care arenas. So, given this basic information, how do we distinguish between these credentialing organizations that offer unique certification processes for professionals who practice in the vocational rehabilitation and health care arenas? One of the most basic distinctions among the three credentials (CRC, CDMS, CCM) relates to whom the credential was intended for and what formed the primary basis for which the credential was organized. For example, the CRC credential is intended for appropriately trained rehabilitation counselors and the credential is exclusively organized around the role and function of the rehabilitation counselor and the required levels of knowledge and skill to practice in a variety of rehabilitation and health care settings. The CDMS credential is intended for a variety of qualified professionals and is organized around the role and knowledge/skills required to provide disability management and rehabilitation services to those clients served by disability compensation systems. Finally, the CCM credential is intended for a variety of licensed or certified professionals who meet the work experience requirements of case management. The credential is organized around the process of case management and the essential knowledge and skills that are common to the practice of case management in a variety of settings in the US.

With these distinctions in mind, it is also important to recognize the centrality of case management as an important function for professionals who obtain any of these credentials. For many years, rehabilitation counseling research (e.g., Leahy et al. 1993, Leahy et al. 2003) has consistently identified case management as a primary function of the rehabilitation counselor. In addition, research has consistently identified case management as a central professional function of those rehabilitation professionals who specialize in disability management settings. Finally, the case management credential itself has been organized exclusively around the process of case management.

Clearly, knowledge associated with the case management function is evident in all three of the credentials, together with medical, functional, and psychosocial aspects of illness and disability. Specific emphasis on vocational knowledge domains, including vocational assessment is present only in the CRC and CDMS credentials, while individual and group counseling knowledge is associated only with the CRC credential. Further, in relation to role differentiation within case management, it appears evident that the knowledge domains associated with the credentials and the professional background of the practitioner provides a logical basis to identify the type of practitioner specialization needed to address the specific case management concerns of individual cases. For example, nurses who are Certified Case Managers would appear to be ideally prepared to address medical case management issues, while Certified Rehabilitation Counselors are uniquely qualified to address the counseling and vocational issues associated with particular cases (Leahy et al. 1999).

## Summary

In order to protect the public and advance the professionalism of practitioners who work with people with disabilities, certification efforts in vocational rehabilitation and case management have grown substantively over the past 35 years. While multiple certification processes exist today, each has a very specified purpose in relation to discipline, practice settings, and functions, as this article has demonstrated. As indicated earlier, regulation of practice is the cornerstone of any profession or discipline. In order to effectively regulate practice in relation to established ethical codes and standards of practice one needs to be practicing within the regulatory authority of the appropriate credential.

## References

- Certification of Disability Management Specialists Commission. (n.d.). CDMS certification guide: Certified disability management specialist. Retrieved September 2, 2008, available from <http://www.cdms.org>
- Commission for Case Manager Certification(a). (n.d.). About case management. Retrieved September 2, 2008, available from <http://www.ccmcertification.org/download/background.pdf>
- Commission for Case Manager Certification(b). (n.d.). CCM certification guide for certified case manager. Retrieved September 2, 2008, available from [http://www.ccmcertification.org/pages/14frame\\_set.html](http://www.ccmcertification.org/pages/14frame_set.html)
- Commission on Certification of Work Adjustment and Vocational Evaluation Specialists(a). 2006, May 25. Certification Requirements. Retrieved September 2, 2008 from <http://www.ccwaves.org/certify/requirements.html>
- Commission on Certification of Work Adjustment and Vocational Evaluation Specialists(b). 2006, May 25. The Commission. Retrieved September 2, 2008 from <http://www.ccwaves.org/aboutus/commission.html>
- Commission on Certification of Work Adjustment and Vocational Evaluation Specialists(c). 2008, May. The maintenance process for certified vocational evaluation specialists. Retrieved September 2, 2008 available from <http://www.ccwaves.org/certify/recertification.html>
- Currier KF, Chan F, Berven NL, Habeck RV, Taylor DW. 2001. Functions and knowledge domains for disability management practice: A Delphi study. *Rehabilitation Counseling Bulletin* 44:133-143.
- Emener WG, Rubin SE. 1980. Rehabilitation counselor roles and functions and sources of role strain. *Journal of Applied Rehabilitation Counseling* 11 (2):57-69.

- Hamilton M, Shumate S. 2005. The role and function of certified vocational evaluation specialists. *Journal of Rehabilitation* 71:5-19.
- Harrison DK, Lee CC. 1979. Rehabilitation counselor competencies. *Journal of Applied Rehabilitation Counseling* 10:135-141.
- Jacques ME. 1959. *Critical counseling behavior in rehabilitation settings*. Iowa City: State University of Iowa, College of Education.
- Leahy MJ. 2002. Professionalism in rehabilitation counseling: A retrospective review. *Journal of Rehabilitation Administration* 26(2):99-109.
- Leahy MJ, Chan F, Shaw L. 1999. Credentialing and role differentiation in case management. In: Chan F, Leahy MJ, editors, *Health care and disability case management*. Lake Zurich (IL): Vocational Consultants Press.
- Leahy MJ, Chan F, Saunders JL. 2003. Job functions and knowledge requirements of certified rehabilitation counselors in the 21<sup>st</sup> century. *Rehabilitation Counseling Bulletin* 46(2):66-81.
- Leahy MJ, Muenzun P, Saunders JL, Strauser D. 2009. Essential knowledge domains underlying effective rehabilitation counseling practice. *Rehabilitation Counseling Bulletin* 52(2):95-106.
- Leahy MJ, Shapson PR, Wright GN. 1987. Rehabilitation counselor competencies by role and setting. *Rehabilitation Counseling Bulletin* 31:94-106.
- Leahy MJ, Szymanski EM, Linkowski D. 1993. Knowledge importance in rehabilitation counseling. *Rehabilitation Counseling Bulletin* 37:130-145.
- Muthard JE, Salamone PR. 1969. The roles and functions of the rehabilitation counselor. *Rehabilitation Counseling Bulletin* 13:81-168.
- Rosenthal DA, Hursh N, Lui J, Isom R, Sasson J. 2007. A survey of current disability management practice: Emerging trends and implications for certification. *Rehabilitation Counseling Bulletin* 50:76-86.
- Saunders JL, Baros-Bailey M, Chapman C, Nunez. 2009. Rehabilitation counselor certification: Moving forward. *Rehabilitation Counseling Bulletin* 52(2):77-84.
- Tahan HA. 2005. Clarifying certification and its value for the case managers. *Lippincott's Case Management* 10:14-21.
- Tahan HA, Huber DL, Downey WT. 2006a. Case manager's roles and functions. *Lippincott's Case Management: Commission for Case Manager Certification's 2004 Research, Part I*, 11:4-22

- Tahan HA, Downey WT, Huber DL. 2006b. Case manager's roles and functions. Lippincott's Case Management: Commission for Case Manager Certification's 2004 Research, Part II, 11, 71-87.
- Wright GN, Fraser RT. 1975. Task analysis for the evaluation, preparation, classification, and utilization of rehabilitation counselor track personnel. (Wisconsin Studies in Vocational Rehabilitation Monograph No. 22, Series 3). Madison: University of Wisconsin.