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CPRP EXAM

1. **Intergovernmental Joint Use:** An agreement between two public agencies in usual
2. **Goal:** A statement of desired outcomes obtained from participating in the program
3. **Qualitative:** Focus Group is an example of what kind of data?
4. **Qualitative:** Observation is an example of what kind of data?
5. **Statement of agency or unit programming philosophy:** The overall rationale for this agency's involvement in programming.
6. **Collaborations:** A short-term relationship to solve a specific problem or set of problems
7. **Quantitative:** Multiple Option Survey is an example of what kind of data?
8. **Compulsory Income:** Income generated through tax revenue
9. **Management Plan:** A written plan that identifies each management function to be completed, the specific activities within each, and a targeted completion date for each activity
10. **Quantitative:** Likert Scale Survey is an example of what kind of data?

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Psychiatric Rehabilitation Association CPRP Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> Professional Role Competencies: This section evaluates the abilities of Rehabilitation Counselors and emphasizes professionalism, ethics, and accountability in practice. It addresses maintaining confidentiality, applying rehabilitation principles, collaborating with multidisciplinary teams, and demonstrating cultural competence and self-awareness.
Topic 2	<ul style="list-style-type: none"> Assessment, Planning, and Outcomes: This section assesses the abilities of Rehabilitation Counselors and focuses on evaluating individual strengths, needs, and preferences. It includes setting recovery-oriented goals, developing personalized plans, tracking progress, and using outcome measures to guide and adjust interventions effectively.

Topic 3	<ul style="list-style-type: none"> Supporting Health and Wellness: This final domain of the exam measures the skills of Psychiatric Rehabilitation Specialists and focuses on promoting overall well-being alongside recovery. It includes supporting physical health, stress management, lifestyle improvement, and access to wellness resources to enhance long-term recovery outcomes.
Topic 4	<ul style="list-style-type: none"> Strategies for Supporting Recovery: This domain measures the skills of Psychiatric Rehabilitation Specialists and focuses on implementing practical and evidence-based methods to promote recovery. It includes empowering clients, fostering motivation, teaching coping skills, and providing support that aligns with person-centered recovery principles.
Topic 5	<ul style="list-style-type: none"> Systems Competencies: This section evaluates the competencies of Rehabilitation Counselors and focuses on understanding how service systems operate within the broader mental health and social service environments. It covers collaboration with agencies, policy awareness, advocacy, and navigating service delivery systems to ensure coordinated care.
Topic 6	<ul style="list-style-type: none"> Community Integration: This domain measures the skills of Psychiatric Rehabilitation Specialists and focuses on assisting individuals in engaging with their communities. It covers supporting access to housing, employment, education, and social networks that foster independence and inclusion within community settings.

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CPRP Dump File 100% Pass | High-quality Detail CPRP Explanation: Certified Psychiatric Rehabilitation Practitioner

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Psychiatric Rehabilitation Association Certified Psychiatric Rehabilitation Practitioner Sample Questions (Q85-Q90):

NEW QUESTION # 85

Readiness in rehabilitation refers to how

- A. prepared an individual is to set a goal.
- B. developed an individual's skills are.
- C. likely an individual is to succeed or fail.
- D. likely an individual is to follow through.

Answer: A

Explanation:

Rehabilitation readiness assesses an individual's preparedness to engage in goal-setting and pursue recovery-oriented objectives. The CPRP Exam Blueprint (Domain IV: Assessment, Planning, and Outcomes) defines readiness as the individual's capacity and motivation to identify and work toward specific goals (Task IV.A.2:

"Assess individual's stage of change and readiness for goal-setting"). Option C (prepared an individual is to set a goal) aligns with this, as readiness involves evaluating factors like hope, confidence, and willingness to define achievable rehabilitation goals, such as employment or education.

Option A (developed skills) focuses on abilities, not readiness, which is about motivation and mindset. Option B (likelihood to follow through) is an outcome of readiness, not its definition. Option D (likelihood to succeed or fail) is overly outcome-focused and not the primary focus of readiness assessment. The PRA Study Guide describes readiness as the precursor to effective goal-setting, supporting Option C.

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CPRP Exam Blueprint (2014), Domain IV: Assessment, Planning, and Outcomes, Task IV.A.2.

NEW QUESTION # 86

What are the components of a psychiatric rehabilitation diagnosis?

- A. Functional assessment, diagnostic assessment, and skill programming
- B. Social skill assessment, psychiatric diagnosis, and an overall rehabilitation goal
- C. Readiness assessment, skill management, and resource evaluation
- **D. Resource assessment, functional assessment, and an overall rehabilitation goal**

Answer: D

Explanation:

A psychiatric rehabilitation diagnosis focuses on identifying an individual's strengths, needs, and aspirations to guide recovery-oriented planning, distinct from a clinical diagnosis. The CPRP Exam Blueprint (Domain IV: Assessment, Planning, and Outcomes) outlines the components as a functional assessment (to identify strengths and deficits), a resource assessment (to evaluate available supports), and an overall rehabilitation goal (to set a person-centered objective) (Task IV.A.1: "Conduct functional assessments to identify individual goals and strengths" and Task IV.A.3: "Assess available resources to support goal attainment"). Option A (resource assessment, functional assessment, and an overall rehabilitation goal) aligns with this framework, capturing the holistic, recovery-focused approach of psychiatric rehabilitation.

Option B (social skill assessment, psychiatric diagnosis, rehabilitation goal) is incorrect, as psychiatric diagnosis is clinical and not part of rehabilitation diagnosis, and social skills are a subset of functional assessment. Option C (readiness assessment, skill management, resource evaluation) mixes assessment and intervention terms, missing the goal component. Option D (functional assessment, diagnostic assessment, skill programming) includes clinical diagnostic assessment, which is not relevant, and skill programming is an intervention, not a diagnostic component. The PRA Study Guide details these components as essential for rehabilitation planning, supporting Option A.

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CPRP Exam Blueprint (2014), Domain IV: Assessment, Planning, and Outcomes, Tasks IV.A.1 and IV.A.3.

PRA Study Guide (2024), Section on Psychiatric Rehabilitation Diagnosis.

CPRP Exam Preparation & Primer Online 2024, Module on Assessment, Planning, and Outcomes.

NEW QUESTION # 87

A best practice of practitioners in permanent supported housing programs is

- A. clear eligibility and readiness criteria.
- B. short-term targeted interventions.
- C. motivational interviewing.
- **D. community integration.**

Answer: D

Explanation:

Permanent supported housing programs aim to provide stable, long-term housing with flexible supports to enable individuals with psychiatric disabilities to live independently in the community. The CPRP Exam Blueprint (Domain III: Community Integration) identifies community integration as a best practice, emphasizing the facilitation of meaningful roles and connections in community settings (Task III.A.1:

"Support individuals in accessing and maintaining stable housing"). Option B (community integration) aligns with this, as practitioners in supported housing programs promote engagement in community activities, such as employment, social groups, or volunteering, to enhance recovery and quality of life.

Option A (short-term targeted interventions) contradicts the long-term, flexible nature of supported housing.

Option C (clear eligibility and readiness criteria) is minimal in supported housing, typically requiring only a desire to participate, not a best practice. Option D (motivational interviewing) is a technique, not a core housing practice. The PRA Study Guide and SAMHSA's supported housing guidelines highlight community integration as a key best practice, supporting Option B.

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CPRP Exam Blueprint (2014), Domain III: Community Integration, Task III.A.1.

PRA Study Guide (2024), Section on Supported Housing Best Practices.

CPRP Exam Preparation & Primer Online 2024, Module on Community Integration.

NEW QUESTION # 88

A practitioner and an individual have spent months developing a plan to achieve the individual's goal to "stop using drugs." On the day the individual has identified as the start date, he decides that he no longer wants to quit. This is an example of

- A. denial.
- B. withdrawal.
- C. resistance.
- D. substitution.

Answer: C

Explanation:

The individual's decision to abandon his goal to stop using drugs on the planned start date reflects a shift in motivation, often seen in the context of change processes. The CPRP Exam Blueprint (Domain IV:

Assessment, Planning, and Outcomes) addresses assessing readiness and responses to change, noting that resistance can manifest as reluctance or reversal of commitment, particularly when facing the reality of action (Task IV.A.2: "Assess individual's stage of change and readiness for goal-setting"). Option A (resistance) aligns with this, as the individual's sudden decision not to quit suggests ambivalence or fear of change, common in the transition from planning to action in the Stages of Change model (e.g., moving from preparation to contemplation or pre-contemplation).

Option B (denial) implies rejecting the problem entirely, which is not indicated, as he previously acknowledged the goal. Option C (withdrawal) refers to physical or emotional retreat, not a change in goal commitment. Option D (substitution) involves replacing one behavior with another, which is not described.

The PRA Study Guide identifies resistance as a common response to change, supporting Option A.

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CPRP Exam Blueprint (2014), Domain IV: Assessment, Planning, and Outcomes, Task IV.A.2.

PRA Study Guide (2024), Section on Stages of Change and Resistance.

CPRP Exam Preparation & Primer Online 2024, Module on Assessment, Planning, and Outcomes.

NEW QUESTION # 89

A practitioner is a manager of a group home. The practitioner encourages the staff to assist interested residents in connecting to local religious congregations. What psychiatric rehabilitation principle is the practitioner implementing?

- A. Service systems should be accountable to the individuals using them.
- B. Services should be flexible and well-coordinated.
- C. Services should be normalized and incorporate natural supports.
- D. Services should build on the assets and strengths of the individuals using them.

Answer: C

Explanation:

This question aligns with Domain III: Community Integration, which focuses on connecting individuals to community resources and natural supports to enhance integration and recovery. The CPRP Exam Blueprint emphasizes "incorporating natural supports, such as religious or community organizations, to promote normalized community participation." Connecting residents to local religious congregations leverages community-based natural supports, aligning with psychiatric rehabilitation principles.

Option A: Encouraging connections to religious congregations reflects the principle of normalizing services and incorporating natural supports. Religious congregations are community-based resources that provide social, spiritual, and practical support, fostering integration in a normalized setting, which is a core tenet of psychiatric rehabilitation.

Option B: Accountability to individuals is important but not directly related to connecting residents to religious congregations, which focuses on community engagement rather than system oversight.

Option C: Building on assets and strengths is relevant but less specific to this scenario, as the focus is on connecting to external community supports rather than individual strengths.

Option D: Flexibility and coordination are systems-level principles but do not directly describe the act of leveraging natural supports like religious congregations.

Extract from CPRP Exam Blueprint (Domain III: Community Integration):

"Tasks include: 2. Promoting community integration through connections to natural supports, such as religious or social organizations. 3. Providing normalized services to enhance community participation." References:

Psychiatric Rehabilitation Association (PRA). (2014). CPRP Exam Blueprint. Retrieved from PRA Certification Handbook.

PRA. (2024). CPRP Exam Preparation & Primer Online 2024 Course: Module 4 - Community Integration.

Anthony, W. A., & Farkas, M. (2012). The Essential Guide to Psychiatric Rehabilitation Practice. Boston University Center for

Psychiatric Rehabilitation (emphasizes natural supports).

NEW QUESTION # 90

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Detail CPRP Explanation: <https://www.examdiscuss.com/Psychiatric-Rehabilitation-Association/exam/CPRP/>

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