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Psychiatric Rehabilitation Association CPRP Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<ul style="list-style-type: none">• Interpersonal Competencies: This section of the CPRP exam measures the skills of Psychiatric Rehabilitation Specialists and focuses on establishing effective, respectful, and empathetic communication with clients. It covers active listening, trust-building, conflict resolution, and maintaining professional boundaries to support individuals in their recovery journey.
Topic 3	<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 4	<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 5	<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 6	<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.
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Psychiatric Rehabilitation Association Certified Psychiatric Rehabilitation Practitioner Sample Questions (Q106-Q111):

NEW QUESTION # 106

Retention in community-based services by persons with serious mental illness is MOST often disrupted by

- A. financial instability.
- **B. hospital recidivism**
- C. medication management.
- D. family dynamics.

Answer: B

Explanation:

Retention in community-based services, such as outpatient programs or supported housing, is critical for individuals with serious mental illness to maintain community integration. The CPRP Exam Blueprint (Domain III: Community Integration) emphasizes identifying and addressing barriers to sustained community participation (Task III.B.2: "Identify barriers to community integration and develop strategies to overcome them"). Hospital recidivism (Option C) is the most frequent disruptor, as recurrent hospitalizations due to symptom exacerbation or crises interrupt engagement with community-based services, leading to disengagement from supports like case management or rehabilitation programs.

Option A (family dynamics) can influence retention but is less universally disruptive than hospitalizations, which directly remove individuals from community settings. Option B (medication management) is a factor, but its impact is often secondary to crises leading to hospitalization. Option D (financial instability) is a barrier to community living but less directly tied to service retention compared to hospital recidivism, which physically and logically disrupts service continuity. The PRA Study Guide notes that hospital recidivism is a primary challenge to maintaining community-based service engagement, supporting Option C.

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CPRP Exam Blueprint (2014), Domain III: Community Integration, Task III.B.2.

PRA Study Guide (2024), Section on Barriers to Community Integration.

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

NEW QUESTION # 107

One of the most devastating and feared mental illnesses within society, affecting 1% of the population, is:

- A. Borderline personality disorder.
- **B. Schizophrenia.**
- C. Major depression.
- D. Bipolar disorder.

Answer: B

Explanation:

This question aligns with Domain I: Interpersonal Competencies, which includes understanding the impact of psychiatric conditions on individuals and society. The CPRP Exam Blueprint requires knowledge of

"prevalence and societal perceptions of major mental illnesses, including schizophrenia, which affects approximately 1% of the population and is often stigmatized as severe and debilitating." Schizophrenia is frequently cited in psychiatric rehabilitation literature as one of the most feared and misunderstood mental illnesses due to its complex symptoms and societal stigma.

* Option D: Schizophrenia affects approximately 1% of the global population and is widely regarded as one of the most devastating mental illnesses due to its chronic nature, positive symptoms (e.g., hallucinations, delusions), negative symptoms (e.g., avolition), and significant functional impact. Its societal fear stems from stigma and misconceptions, making it the best fit for the question.

* Option A: Borderline personality disorder is severe but has a prevalence of about 1.6-5.9% and is less universally feared compared to schizophrenia.

* Option B: Major depression is highly prevalent (about 7% lifetime prevalence) and debilitating but does not match the 1% criterion or the same level of societal fear.

* Option C: Bipolar disorder has a prevalence of about 1-2% and, while severe, is less stigmatized as "feared" compared to schizophrenia.

Extract from CPRP Exam Blueprint (Domain I: Interpersonal Competencies):

"Tasks include: 3. Understanding the prevalence, symptoms, and societal perceptions of major mental illnesses, such as schizophrenia, to inform person-centered practice."

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

PRA. (2024). CPRP Exam Preparation & Primer Online 2024 Course: Module 2 - Interpersonal Competencies.

American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (referenced in CPRP study materials for prevalence data).

NEW QUESTION # 108

What is the best location for learning the skills and activities of food preparation?

- A. A residential program with an intensive skill-training component
- B. A community college which offers cooking courses near the individual's home
- **C. The individual's own home**
- D. The kitchen unit of a Clubhouse

Answer: C

Explanation:

This question pertains to Domain III: Community Integration, which emphasizes providing services in natural, normalized environments to promote independence and skill development. The CPRP Exam Blueprint highlights "teaching skills in the individual's own environment to enhance generalization and community integration." Learning food preparation skills is most effective in a setting where the individual will apply them, ensuring relevance and practicality.

Option B: The individual's own home is the best location, as it is the natural environment where food preparation will occur. Learning in this setting ensures skills are tailored to the individual's kitchen, resources, and routines, promoting generalization and independence, which aligns with recovery-oriented principles.

Option A: A residential program may provide structured training but is less normalized and may not reflect the individual's actual living situation, limiting skill transfer.

Option C: A community college cooking course is a community-based option but may be too generalized or inaccessible (e.g., cost, transportation), and it is not tailored to the individual's home environment.

Option D: A Clubhouse kitchen unit offers a supportive environment but is not the individual's natural setting, reducing the direct applicability of learned skills.

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

"Tasks include: 1. Supporting skill development in natural environments, such as the individual's home, to promote independence. 2. Providing services in settings that enhance community integration and skill generalization." 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.

Bond, G. R., & Drake, R. E. (2015). Making the Case for IPS Supported Employment. Administration and Policy in Mental Health (emphasizes normalized settings for skill development).

NEW QUESTION # 109

Providing feedback regarding performance of a skill begins with

- A. praising all aspects of his performance.
- B. listing the strengths of the performance.
- C. soliciting the individual's perception of his own performance.
- D. sharing the practitioner's perception of the performance.

Answer: C

Explanation:

Providing feedback in psychiatric rehabilitation is a person-centered process that empowers individuals by valuing their self-assessment and fostering collaboration. The CPRP Exam Blueprint (Domain V: Strategies for Facilitating Recovery) emphasizes engaging individuals in the feedback process by first soliciting their self-perception to promote self-awareness and ownership of skill development (Task V.B.4: "Teach skills using evidence-based methods"). Option D (soliciting the individual's perception of his own performance) aligns with this, as starting with the individual's perspective builds trust, encourages reflection, and informs the practitioner's subsequent feedback, ensuring it is tailored and constructive.

Option A (praising all aspects) is not specific and may lack authenticity, undermining effective feedback.

Option B (listing strengths) is a component of feedback but comes after understanding the individual's view to ensure relevance.

Option C (sharing the practitioner's perception) risks being directive without first valuing the individual's input. The PRA Study Guide highlights soliciting self-perception as the first step in recovery-oriented feedback, supporting Option D.

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CPRP Exam Blueprint (2014), Domain V: Strategies for Facilitating Recovery, Task V.B.4.

PRA Study Guide (2024), Section on Providing Recovery-Oriented Feedback.

CPRP Exam Preparation & Primer Online 2024, Module on Strategies for Facilitating Recovery.

NEW QUESTION # 110

An individual is frequently hospitalized in a locked unit after expressing suicidal thoughts to staff in her residential facility. As a result, she runs away when becoming symptomatic. This is an example of

- A. attention-seeking behavior.
- B. the breakdown of the therapeutic relationship.
- C. avoiding re-traumatization.
- D. the effects of learned helplessness.

Answer: C

Explanation:

The individual's pattern of running away when symptomatic, following repeated hospitalizations in a locked unit, suggests a response to potentially traumatic experiences. The CPRP Exam Blueprint (Domain I: Interpersonal Competencies) emphasizes trauma-informed care, which recognizes that institutional settings like locked units can re-traumatize individuals, prompting avoidance behaviors (Task I.A.4: "Apply trauma-informed principles in service delivery"). Option A (avoiding re-traumatization) aligns with this, as the individual's running away likely reflects an attempt to avoid the distress and loss of autonomy associated with involuntary hospitalizations, which can feel re-traumatizing, especially for someone with a history of mental health challenges.

Option B (breakdown of the therapeutic relationship) is possible but not directly supported, as the scenario focuses on hospitalization, not staff interactions. Option C (attention-seeking behavior) is a stigmatizing assumption that contradicts recovery-oriented care. Option D (learned helplessness) implies passivity, not the proactive avoidance behavior described. The PRA Study Guide highlights avoidance as a trauma-informed response to re-traumatizing settings, supporting Option A.

CPRP Exam Blueprint (2014), Domain I: Interpersonal Competencies, Task I.A.4.

PRA Study Guide (2024), Section on Trauma-Informed Care and Re-Traumatization.

CPRP Exam Preparation & Primer Online 2024, Module on Interpersonal Competencies.

NEW QUESTION # 111

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