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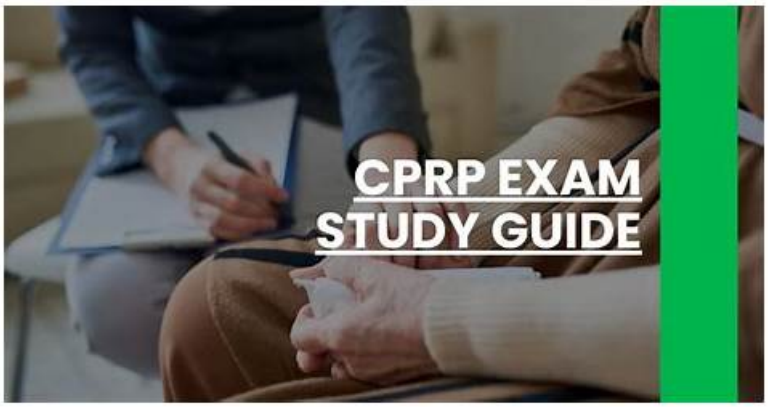

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Psychiatric Rehabilitation Association CPRP Exam Syllabus Topics:

Topic	Details
Topic 1	• 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 2	• 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 3	• 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.

Psychiatric Rehabilitation Association Certified Psychiatric Rehabilitation Practitioner Sample Questions (Q83-Q88):

NEW QUESTION # 83
An indication of failure in the relationship between the practitioner and an individual with a psychiatric disability is a(an):

- A. Use of coercion.
- B. Referral for peer support services.
- C. Lack of compliance.
- D. Increase in symptomatology.

Answer: A

Explanation:
This question aligns with Domain I: Interpersonal Competencies, which emphasizes building therapeutic, person-centered relationships based on trust and collaboration. The CPRP Exam Blueprint specifies that "the use of coercion undermines the therapeutic relationship and contradicts recovery-oriented principles, indicating a failure in the practitioner-individual relationship." A strong relationship fosters mutual respect and empowerment, while coercion signals a breakdown in trust.
* Option B: The use of coercion (e.g., pressuring or forcing the individual to comply) is a clear indication of failure in the therapeutic relationship, as it violates the principles of autonomy and collaboration central to psychiatric rehabilitation. It erodes trust and disempowers the individual.
* Option A: Referring for peer support services is a positive, recovery-oriented strategy, not a sign of failure, as it enhances support and engagement.
* Option C: An increase in symptomatology may occur due to clinical factors and does not necessarily reflect a failure in the relationship.
* Option D: Lack of compliance (better termed as non-adherence) may indicate various issues (e.g., mismatched goals), but it is not as direct an indicator of relationship failure as coercion, which actively harms trust.
Extract from CPRP Exam Blueprint (Domain I: Interpersonal Competencies):
"Tasks include: 1. Establishing and maintaining a therapeutic relationship based on trust and collaboration. 2.
Avoiding coercive practices that undermine autonomy and recovery."
:
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.
Rogers, C. R. (1951). Client-Centered Therapy. Houghton Mifflin (influential in PRA's emphasis on non- coercive relationships).

NEW QUESTION # 84
Supports for individuals receiving supported employment services should be

- A. time-limited.
- B. focused on past employment.
- C. long-term.
- D. focused on vocational testing.

Answer: C

Explanation:
Supported employment services aim to help individuals with psychiatric disabilities achieve and maintain competitive employment through ongoing, individualized supports. The CPRP Exam Blueprint (Domain III:
Community Integration) emphasizes that supported employment provides long-term supports to ensure job retention and success, tailored to the individual's evolving needs (Task III.A.3: "Support individuals in pursuing self-directed community activities, including employment"). Option B (long-term) aligns with this, as supported employment models, like Individual Placement and Support (IPS), offer continuous assistance (e.
g., job coaching, workplace accommodations) without predetermined time limits, recognizing that employment challenges may

persist.
Option A (time-limited) contradicts the supported employment model, which avoids arbitrary cutoffs. Option C (focused on past employment) is irrelevant, as supports address current and future job needs. Option D (focused on vocational testing) is a preliminary step, not the core of ongoing employment support. The PRA Study Guide and IPS guidelines confirm long-term supports as essential for supported employment, supporting Option B.
:
CPRP Exam Blueprint (2014), Domain III: Community Integration, Task III.A.3.
PRA Study Guide (2024), Section on Supported Employment and IPS Model.
CPRP Exam Preparation & Primer Online 2024, Module on Community Integration.

NEW QUESTION # 85
A practitioner asks an individual to "list ten things in life you think are important." The practitioner then asks the individual to rank them in order of importance. The next step involves asking the individual to eliminate all except three of these. This is an example of a/an

- A. skills development programming.
- B. values clarification activity.
- C. functional assessment.
- D. overall rehabilitation goal selection.

Answer: B

Explanation:
The described exercise focuses on identifying and prioritizing an individual's values to guide person-centered planning. The CPRP Exam Blueprint (Domain IV: Assessment, Planning, and Outcomes) includes assessing personal values and preferences as part of readiness and goal-setting processes to ensure goals align with what matters most to the individual (Task IV.A.2: "Assess individual's stage of change and readiness for goal- setting"). Option D (values clarification activity) aligns with this, as the process of listing, ranking, and narrowing down important life aspects helps the individual clarify their core values (e.g., family, independence, creativity), which informs the development of meaningful rehabilitation goals.
Option A (functional assessment) evaluates skills and deficits, not values. Option B (overall rehabilitation goal selection) is a subsequent step that builds on clarified values. Option C (skills development programming) involves teaching specific abilities, not exploring values. The PRA Study Guide emphasizes values clarification as a key activity for aligning goals with personal priorities, supporting Option D.
CPRP Exam Blueprint (2014), Domain IV: Assessment, Planning, and Outcomes, Task IV.A.2.
PRA Study Guide (2024), Section on Values Clarification in Planning.
CPRP Exam Preparation & Primer Online 2024, Module on Assessment, Planning, and Outcomes.

NEW QUESTION # 86
One of the most devastating and feared mental illnesses within society, affecting 1% of the population, is:

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

Answer: C

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."
:
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 # 87
An individual is enduring a prolonged exacerbation of negative symptoms of schizophrenia. The symptoms seem to worsen in the middle of the night when very few supports are available. The BEST approach is to

- A. take melatonin at bedtime.
- B. practice self-management techniques.
- C. visit your nearest crisis response clinic.
- D. call the Warm-Line.

Answer: D

Explanation:
Negative symptoms of schizophrenia, such as social withdrawal or apathy, can intensify during low-support periods like nighttime, requiring accessible, non-clinical support options. The CPRP Exam Blueprint (Domain VII: Supporting Health & Wellness) emphasizes connecting individuals to peer-based supports to manage symptoms and enhance wellness (Task VII.B.2: "Promote access to peer support services"). Option C (call the Warm-Line) aligns with this, as Warm-Lines are peer-operated, non-crisis phone services that provide emotional support, coping strategies, and connection during difficult times, ideal for nighttime when other supports are unavailable.
Option A (practice self-management techniques) is valuable but may be challenging during an exacerbation without guidance. Option B (visit a crisis clinic) is inappropriate, as negative symptoms do not typically warrant crisis intervention. Option D (take melatonin) addresses sleep but not the emotional or social impact of negative symptoms. The PRA Study Guide highlights Warm-Lines as effective for non-crisis support, supporting Option C.
:
CPRP Exam Blueprint (2014), Domain VII: Supporting Health & Wellness, Task VII.B.2.
PRA Study Guide (2024), Section on Peer Support and Warm-Lines.
CPRP Exam Preparation & Primer Online 2024, Module on Supporting Health & Wellness.

NEW QUESTION # 88
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