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2.A. Collect financial and/or operating data - ANSWER-Data may be collected hourly, daily, weekly, monthly, quarterly, or annually. Includes attendance figures, room counts, cash reports, maintenance and reports

Purchase Order - ANSWER-An agreement that the agency will pay for goods and services ordered.

Blanket Purchase Order - ANSWER-Used to consolidate small, continuous purchases. Is billed once per month and often used by maintenance staff at hardware or supply stores.

Standard Purchase - ANSWER-Issued for a one-time delivery for a specific good or service. Requires authorization by chief executive officer or designee.

Purchasing Card (P-Card) - ANSWER-Works like a personal card and has a spending limit. A detailed billing statement is issued at the end of the month and is paid in full.

Credit Card - ANSWER-Statements have less detail and require additional time of accounting staff to reconcile each bill. Balances can carry over and fees are typically higher.

Petty Cash - ANSWER-Actual cash kept on hand for making small purchases that is tightly controlled by accounting department.

Purchasing Process - ANSWER-1. Request purchasing requisition.
2. Obtain quotes.
3. determine means of purchasing (purchase order, P-card, etc.)
4. Make the purchase and receive the goods.
5. Submit the receipt to the purchasing/accounting department.

Grants - ANSWER-Come from state and federal government programs as well as private foundations. Popular granting programs encompass categories such as youth, health, trails, and the environment.

Gifts, Donations, and Planned Giving - ANSWER-Funds and items received from individuals through wills; life insurance policies; donations of land, stocks, and personal property; and cash prior to, or upon, a person's death.

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CPRP - Certified Psychiatric Rehabilitation Practitioner Newest Reliable Exam Online

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Psychiatric Rehabilitation Association CPRP Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 3	<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.

Psychiatric Rehabilitation Association Certified Psychiatric Rehabilitation Practitioner Sample Questions (Q126-Q131):

NEW QUESTION # 126

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

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

Answer: C

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."

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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.

Rogers, C. R. (1951). Client-Centered Therapy. Houghton Mifflin (influential in PRA's emphasis on non- coercive relationships).

NEW QUESTION # 127

A trauma-informed perspective views trauma-related symptoms and behaviors as

- A. culturally specific responses to cope with the experience.
- B. environmentally specific responses to the experiences resulting in maladaptive behaviors.
- **C. a response reflecting the individual's best attempt to cope with the experiences.**
- D. the individual's maladaptive response to the experiences.

Answer: C

Explanation:

A trauma-informed perspective reframes trauma-related symptoms and behaviors as adaptive coping mechanisms rather than deficits, recognizing them as the individual's best effort to survive overwhelming experiences. The CPRP Exam Blueprint (Domain I: Interpersonal Competencies) emphasizes understanding trauma responses as coping attempts to inform person-centered, empathetic care (Task I.A.4: "Apply trauma-informed principles in service delivery"). Option B (a response reflecting the individual's best attempt to cope with the experiences) aligns with this, as trauma-informed care views behaviors like hypervigilance or dissociation as protective strategies developed in response to trauma, not as inherently problematic.

Option A (culturally specific responses) is too narrow, as trauma responses are not solely cultural. Option C (maladaptive response) contradicts trauma-informed principles by labeling responses as dysfunctional rather than adaptive. Option D (environmentally specific, maladaptive) also mischaracterizes responses as maladaptive and overly ties them to environment alone. The PRA Study Guide, referencing SAMHSA's trauma-informed care principles, emphasizes coping attempts as central to understanding trauma, supporting Option B.

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

PRA Study Guide (2024), Section on Trauma-Informed Care Principles.

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

NEW QUESTION # 128

Sharing personal recovery stories is important because they

- A. reduce the need for formal interventions.
- **B. demonstrate that recovery is possible.**
- C. reduce the storyteller's symptoms.
- D. make services more person-centered.

Answer: B

Explanation:

Sharing personal recovery stories is a powerful strategy in psychiatric rehabilitation to inspire hope and motivate others. The CPRP Exam Blueprint (Domain V: Strategies for Facilitating Recovery) emphasizes the use of recovery stories, often through peer support, to illustrate that recovery is achievable, fostering hope and engagement in recovery processes (Task V.B.3: "Utilize peer support to promote recovery and rehabilitation goals"). Option B (demonstrate that recovery is possible) aligns with this, as stories from individuals with lived experience show tangible examples of overcoming challenges, encouraging others to pursue their own recovery goals.

Option A (reduce the need for formal interventions) is inaccurate, as stories complement, not replace, interventions. Option C (reduce the storyteller's symptoms) may be a secondary benefit but is not the primary purpose. Option D (make services more person-centered) is indirectly related but less specific, as stories primarily inspire rather than reshape service delivery. The PRA Study Guide underscores recovery stories as a tool for hope and possibility, supporting Option A.

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CPRP Exam Blueprint (2014), Domain V: Strategies for Facilitating Recovery, Task V.B.3.

PRA Study Guide (2024), Section on Peer Support and Recovery Stories.

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

NEW QUESTION # 129

An individual is hospitalized for psychiatric reasons and has asked staff to be able to engage in the ritual of smudging, which is the religious burning of herbs during treatment. She states that this would help with her recovery. The hospital administrator states there are rules against burning substances due to fire codes. When advocating for the individual's request, the practitioner should apply the following psychiatric rehabilitation principle.

- **A. Solutions to problems should be sought with individuals, families, and their cultures.**
- B. A strengths/wellness approach should be applied to all cultures.
- C. Positive cultural relations should be conveyed to the larger community.

- D. Interventions should be aligned with cultural practices.

Answer: A

Explanation:

Advocating for an individual's cultural and spiritual practices, such as smudging, requires interpersonal competencies that prioritize collaborative, culturally sensitive problem-solving. The CPRP Exam Blueprint (Domain I: Interpersonal Competencies) emphasizes working with individuals and their cultural contexts to find solutions that respect their beliefs and needs (Task I.B.1: "Collaborate with individuals and their support systems to address barriers in a culturally competent manner"). Option B (solutions to problems should be sought with individuals, families, and their cultures) aligns with this by advocating for a collaborative approach to address the fire code barrier, such as exploring alternative ways to incorporate smudging (e.g., using smokeless methods) while respecting the individual's cultural practice.

Option A (positive cultural relations to the community) is unrelated to the immediate advocacy need within the hospital. Option C (strengths/wellness approach) is relevant but too broad, as it does not specifically address problem-solving for cultural practices. Option D (interventions aligned with cultural practices) is close but less precise, as it focuses on intervention design rather than collaborative problem-solving to overcome barriers. The PRA Study Guide highlights culturally collaborative advocacy as a key principle, supporting Option B.

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CPRP Exam Blueprint (2014), Domain I: Interpersonal Competencies, Task I.B.1.

PRA Study Guide (2024), Section on Cultural Competence and Advocacy.

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

NEW QUESTION # 130

An individual was recently discharged from an inpatient facility where he was treated for schizophrenia.

During a meeting with a practitioner, he shared previous struggles with landlords and neighbors and how that left him feeling unsafe and very angry. What would be the BEST option to offer him?

- A. Refer him to an anger management group where attitudes can be discussed.
- B. Refer him to a residential program where similar issues have been addressed.
- C. Help him find a supported housing apartment with a roommate.
- D. **Help him make a decision about where he wants to live.**

Answer: D

Explanation:

Supporting an individual recently discharged from inpatient care involves addressing barriers to community integration, such as past housing conflicts, while prioritizing self-determination. The CPRP Exam Blueprint (Domain III: Community Integration) emphasizes empowering individuals to make choices about their living arrangements to foster stability and safety (Task III.A.1: "Support individuals in accessing and maintaining stable housing"). Option D (help him make a decision about where he wants to live) aligns with this by focusing on person-centered planning, allowing the individual to explore housing options that address his feelings of unsafety and anger, such as locations or settings that feel secure and supportive.

Option A (anger management group) addresses anger but not the root issue of housing-related distress or safety concerns. Option B (residential program) assumes a specific solution without involving the individual's preferences, which may not align with his recovery goals. Option C (supported housing with a roommate) is prescriptive and may not suit his needs, especially given past conflicts with others, without first exploring his preferences. The PRA Study Guide underscores the importance of choice in housing to promote community integration, supporting Option D.

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

PRA Study Guide (2024), Section on Housing and Self-Determination.

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

NEW QUESTION # 131

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