

Quiz Psychiatric Rehabilitation Association CPRP - Certified Psychiatric Rehabilitation Practitioner Fantastic New Exam Braindumps

2024 NEW CERTIFIED PSYCHIATRIC REHABILITATION PRACTITIONER (CPRP) EXAM PREP ACTUAL QUESTIONS WITH ANSWERS 100% RATED BY EXPERTS

Mental health affects about 20% of the population. - CORRECT ANSWER>>>>True

Psychiatric rehabilitation emerged out of the deinstitutionalization movement of the 1930's. - CORRECT ANSWER>>>>False

_____ is/are example(s) of evidence-based practices. - CORRECT ANSWER>>>>All of the above

Delusion are bizarre beliefs or ideas that a person cannot be talked out of while hallucinations are incorrect sensory information that the individual experiences as real. - CORRECT ANSWER>>>>True

Mood disorders effect between - CORRECT ANSWER>>>>about 5-20% of the population.

The "Vermont study" by Dr. Harding was one of the first longitudinal studies to demonstrate that persons with schizophrenia could have positive long-term outcomes. - CORRECT ANSWER>>>>True

Illness Management and Recovery is an evidence based practice consisting of - CORRECT ANSWER>>>>psychoeducation and self-management strategies.

Recovery is a operationalized construct that can only be measured by medical doctors. - CORRECT ANSWER>>>>False

The main goal of Psychiatric Rehabilitation is: - CORRECT ANSWER>>>>to promote recovery.

Shared decision making involves consumers deferring to the needs of the treatment team they are working with. - CORRECT ANSWER>>>>False

The PsyR process has three stages: the diagnostic stage, the planning stage and the _____ stage. - CORRECT ANSWER>>>>intervention stage.

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Psychiatric Rehabilitation Association Certified Psychiatric Rehabilitation Practitioner Sample Questions (Q71-Q76):

NEW QUESTION # 71

The practitioner is meeting with a deaf individual with a psychiatric disability who uses a sign language interpreter. When meeting with the individual, the practitioner should communicate:

- **A. Directly to the individual.**
- B. Speak alternately to the individual and to the interpreter.
- C. Directly to the interpreter.
- D. Slowly and distinctly so the interpreter can keep up.

Answer: A

Explanation:

This question aligns with Domain I: Interpersonal Competencies, which focuses on effective, person- centered communication and cultural competence, including accommodating individuals with disabilities. The CPRP Exam Blueprint highlights that practitioners must "adapt communication strategies to meet the needs of individuals with diverse abilities, including those with sensory disabilities." When working with a deaf individual using a sign language interpreter, best practice involves communicating directly with the individual to maintain a person-centered, respectful interaction.

* Option B: Communicating directly to the individual (e.g., making eye contact and addressing them, not the interpreter) respects their autonomy and ensures the interaction remains person-centered. The interpreter facilitates communication by translating, but the practitioner's focus should be on the individual, as this aligns with recovery-oriented principles and cultural competence.

* Option A: Speaking alternately to the individual and interpreter disrupts the flow of communication and may confuse the interaction, undermining the individual's role in the conversation.

* Option C: Speaking slowly and distinctly is unnecessary unless requested by the interpreter, as professional interpreters are trained to keep up with normal speech. This option also shifts focus to the interpreter's needs rather than the individual's.

* Option D: Communicating directly to the interpreter excludes the individual from the interaction, which is disrespectful and not person-centered. It treats the interpreter as the primary recipient rather than a facilitator.

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

"Tasks include: 4. Adapting communication strategies to meet the needs of individuals with diverse abilities and cultural backgrounds. 5. Demonstrating cultural competence in all interactions."

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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.

Anthony, W. A., Cohen, M., & Farkas, M. (1990). Psychiatric Rehabilitation. Center for Psychiatric Rehabilitation, Boston University (emphasizes person-centered communication).

NEW QUESTION # 72

An individual with schizophrenia tells her practitioner she feels unable to work. The two make plans for her to meet a peer with similar experiences who is working. The practitioner then discusses the meeting with the individual. This strategy is an example of

- A. identifying level of motivation.
- **B. developing rehabilitation readiness.**
- C. conducting a mock interview.
- D. orienting person to process.

Answer: B

Explanation:

Rehabilitation readiness involves preparing individuals to engage in recovery-oriented goals, such as employment, by building confidence and hope through relatable role models. The CPRP Exam Blueprint (Domain V: Strategies for Facilitating Recovery) emphasizes strategies like peer support to enhance readiness for rehabilitation activities (Task V.B.1: "Support individuals in developing readiness for rehabilitation goals"). Option D (developing rehabilitation readiness) aligns with this, as connecting the individual with a working peer who shares similar experiences fosters hope, demonstrates possibility, and builds motivation to pursue work, addressing her belief that she is unable to work.

Option A (conducting a mock interview) is incorrect, as the strategy involves peer connection, not interview practice. Option B (identifying level of motivation) is a preliminary step, not the strategy described, which actively builds readiness. Option C (orienting person to process) relates to explaining procedures (e.g., job application steps), not peer-based inspiration. The PRA Study Guide highlights peer role models as a key method for developing rehabilitation readiness, supporting Option D.

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CPRP Exam Blueprint (2014), Domain V: Strategies for Facilitating Recovery, Task V.B.1.

PRA Study Guide (2024), Section on Rehabilitation Readiness and Peer Support.

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

NEW QUESTION # 73

One of the components of wellness is

- A. compliance with medication.
- B. absence of illness.
- C. avoidance of stress.
- **D. purpose in life.**

Answer: D

Explanation:

Wellness in psychiatric rehabilitation is a multidimensional concept that encompasses physical, mental, emotional, and social well-being, guided by recovery principles. The CPRP Exam Blueprint (Domain VII:

Supporting Health & Wellness) includes supporting individuals in finding meaning and purpose as a key component of wellness (Task VII.A.1: "Promote holistic wellness, including purpose and meaning in life").

Option C (purpose in life) aligns with this task, as having a sense of purpose-through roles, goals, or activities-is a recognized dimension of wellness that fosters resilience and recovery.

Option A (compliance with medication) is a clinical strategy, not a core component of wellness, though it may support health (Domain VII). Option B (avoidance of stress) is impractical and not explicitly listed as a wellness dimension, as wellness involves managing, not eliminating, stress. Option D (absence of illness) is inaccurate, as wellness is not defined by the absence of illness but by positive attributes like purpose, relationships, and self-management, even in the presence of symptoms. The PRA Study Guide, referencing models like SAMHSA's Eight Dimensions of Wellness, includes purpose as a key element, supporting Option C:

CPRP Exam Blueprint (2014), Domain VII: Supporting Health & Wellness, Task VII.A.1.

PRA Study Guide (2024), Section on Wellness Dimensions.

CPRP Exam Preparation & Primer Online 2024, Module on Supporting Health & Wellness.

NEW QUESTION # 74

Which of the following statements best describes the role of peer support?

- **A. Peer support is a component of the service system that serves as an adjunct and alternative to professional services.**
- B. Peer support is primarily used by people who do not believe that professional services are helpful.
- C. Peer support is most effectively provided in self-help groups that have no connection to professionally run programs.
- D. Peer support is best used as a follow-up strategy after a person has "graduated" from a psychiatric rehabilitation program.

Answer: A

Explanation:

This question pertains to Domain V: Strategies for Facilitating Recovery, which includes promoting peer support as an evidence-based practice in psychiatric rehabilitation. The CPRP Exam Blueprint describes peer support as "a component of the recovery-oriented service system that complements professional services, offering shared experiences and mutual support as both an adjunct and alternative to traditional interventions." The question tests understanding of peer support's role in the broader mental health system.

* Option C: This option accurately describes peer support as a component of the service system that complements (adjunct) and sometimes substitutes for (alternative) professional services. Peer support, provided by individuals with lived experience, fosters

hope, empowerment, and community, and is integrated into many recovery-oriented programs, aligning with PRA's framework.

* Option A: Suggesting peer support is only for those who distrust professional services is incorrect, as peer support is widely used alongside professional services in recovery-oriented systems.

* Option B: Limiting peer support to a "follow-up strategy" after completing a program ignores its role throughout the recovery process, including during active rehabilitation.

* Option D: Stating peer support is most effective in isolated self-help groups ignores its integration into professionally run programs (e.g., peer-operated services), which enhances its impact.

Extract from CPRP Exam Blueprint (Domain V: Strategies for Facilitating Recovery):

"Tasks include: 4. Promoting peer support as an evidence-based practice that complements and serves as an alternative to professional services, fostering mutual support 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 6 - Strategies for Facilitating Recovery.

Davidson, L., et al. (2012). Peer Support Among Persons with Severe Mental Illnesses: A Review.

Schizophrenia Bulletin (recommended CPRP study literature, details peer support's role).

NEW QUESTION # 75

A practitioner works part time at a restaurant, not realizing that the restaurant owner's son is a participant in the psychiatric rehabilitation program where the practitioner works. Upon learning of this connection, the practitioner would:

- A. Monitor the situation until the dual relationship becomes an issue.
- B. Reassure the restaurant owner that the practitioner is bound by confidentiality.
- **C. Consult with his program supervisor about the situation.**
- D. Quit the restaurant job, citing the conflict of interest.

Answer: C

Explanation:

This question aligns with Domain II: Professional Role Competencies, which focuses on maintaining professional ethics, boundaries, and addressing potential conflicts of interest. The CPRP Exam Blueprint and PRA Code of Ethics emphasize that "practitioners must proactively address dual relationships by consulting with supervisors to ensure ethical practice and protect confidentiality." The scenario involves a dual relationship that could compromise confidentiality or objectivity, requiring immediate ethical consideration.

* Option D: Consulting with the program supervisor is the best course of action, as it allows the practitioner to discuss the potential conflict, explore ethical implications, and determine steps to maintain professionalism and confidentiality. This aligns with PRA's ethical guidelines for addressing dual relationships proactively.

* Option A: Quitting the restaurant job is an extreme measure and unnecessary without first assessing the situation through consultation, which may identify less drastic solutions.

* Option B: Monitoring the situation passively risks ethical violations if the dual relationship impacts confidentiality or objectivity, failing to address the issue proactively.

* Option C: Reassuring the restaurant owner about confidentiality does not address the broader ethical concerns of the dual relationship and may inadvertently involve the owner in the participant's care, breaching boundaries.

Extract from CPRP Exam Blueprint (Domain II: Professional Role Competencies):

"Tasks include: 1. Adhering to professional ethics and boundaries, including addressing dual relationships through consultation with supervisors. 2. Protecting confidentiality in all professional interactions."

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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 3 - Professional Role Competencies.

PRA Code of Ethics (2019). Emphasizes consultation for dual relationships and confidentiality.

NEW QUESTION # 76

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