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Psychiatric Rehabilitation Association Certified Psychiatric Rehabilitation Practitioner Sample Questions (Q114-Q119):

NEW QUESTION # 114

Functional assessment includes which of the following?

- A. Assessment of current functional successes and challenges
- B. Assessment of activities of daily living needs for future roles
- C. Assessment of past functional successes in all domains
- D. Assessment of educational successes and goals in life

Answer: A

Explanation:

A functional assessment in psychiatric rehabilitation evaluates an individual's current abilities and barriers to inform recovery-oriented planning. The CPRP Exam Blueprint (Domain IV: Assessment, Planning, and Outcomes) defines functional assessment as identifying current functional successes (strengths) and challenges (deficits) across domains like self-care, social skills, or employment to guide goal-setting (Task IV).

A.1: "Conduct functional assessments to identify individual goals and strengths". Option B (assessment of current functional

successes and challenges) aligns with this, as it focuses on the individual's present capabilities and limitations to develop relevant, person-centered interventions.

Option A (activities of daily living for future roles) is narrower and future-focused, not capturing the full scope of current functioning. Option C (educational successes and goals) is too specific, as functional assessment spans multiple domains. Option D (past functional successes) is retrospective and less relevant than current functioning for planning. The PRA Study Guide emphasizes assessing current strengths and challenges as the core of functional assessment, supporting Option B.

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

PRA Study Guide (2024), Section on Functional Assessment.

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

NEW QUESTION # 115

The parents of an individual visit the group home and complain to the practitioner that the home is a mess and insist that the staff should clean it. The practitioner:

- A. Explains to the parents that the residents are required to do their chores and that it is not the staff's responsibility.
- B. Suggests to the parents that they speak to a supervisor.
- C. Acknowledges that the home might not be as clean as the parents would like and listens to their suggestions.
- D. Advises the parents to explore alternative housing for their child.

Answer: C

Explanation:

This question aligns with Domain II: Professional Role Competencies, which focuses on professional ethics, boundaries, advocacy, and effective communication with stakeholders, including family members. The CPRP Exam Blueprint highlights that practitioners must "maintain professional boundaries while engaging with families and other stakeholders in a collaborative and respectful manner." The scenario involves a practitioner responding to parents' concerns about the cleanliness of a group home, requiring a response that balances professionalism, collaboration, and respect for the recovery-oriented environment.

* Option A: Acknowledging the parents' concern and listening to their suggestions demonstrates professionalism, respect, and a collaborative approach. It opens a dialogue without deflecting responsibility or escalating the situation, aligning with the PRA's emphasis on engaging stakeholders respectfully. This response also maintains boundaries by not immediately deferring to a supervisor or dismissing the concern.

* Option B: Suggesting the parents speak to a supervisor deflects responsibility and may be perceived as dismissive, failing to address the concern directly or collaboratively.

* Option C: Advising alternative housing is an extreme response that does not address the parents' concern or promote collaboration. It also risks undermining the individual's recovery environment without justification.

* Option D: Explaining that residents are responsible for chores, while factually correct in many recovery-oriented settings, may come across as defensive and dismissive of the parents' valid concern.

It does not foster collaboration or invite further discussion.

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

"Tasks include: 1. Adhering to professional ethics and boundaries. 2. Engaging with families, caregivers, and other stakeholders in a collaborative manner. 3. Advocating for individuals while maintaining professionalism 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 3 - Professional Role Competencies.

PRA Code of Ethics (2019). Emphasizes respectful and collaborative engagement with stakeholders.

NEW QUESTION # 116

When teaching a skill, role playing should usually be done after

- A. describing how to do the skill.
- B. trying the skill for the first time.
- C. practicing the skill.
- D. modeling the skill.

Answer: D

Explanation:

Teaching skills in psychiatric rehabilitation follows a structured, evidence-based process to ensure effective learning. The CPRP Exam Blueprint (Domain V: Strategies for Facilitating Recovery) outlines skill teaching as a multi-step process that includes

modeling, role-playing, and practice (Task V.B.4: "Teach skills using evidence-based methods"). The standard sequence is to first describe the skill, then model it (demonstrate how it is performed), followed by role-playing (where the individual practices in a simulated setting), and finally real-world practice. Option A (modeling the skill) aligns with this, as role-playing typically follows modeling to allow the individual to observe the skill in action before attempting it themselves in a controlled, supportive environment. Option B (practicing the skill) refers to real-world application, which comes after role-playing. Option C (trying the skill for the first time) is vague but implies initial practice, which role-playing itself facilitates. Option D (describing how to do the skill) precedes modeling, as description alone is insufficient before demonstration. The PRA Study Guide, referencing skill-teaching models like the Boston University Psychiatric Rehabilitation approach, confirms that role-playing follows modeling, supporting Option A.

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

PRA Study Guide (2024), Section on Skill Teaching Methods.

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

NEW QUESTION # 117

An individual with co-occurring substance abuse disorders comes into a program where he picks up his medication daily. The practitioner is aware that he had two beers earlier in the day and asks him to return the next day. The practitioner's actions demonstrate

- A. a failure to employ shared decision making.
- B. appropriate caution due to interaction of medication and substances.
- C. a lack of understanding of integrated treatment.
- D. helping the person understand there are consequences to his actions.

Answer: C

Explanation:

Managing co-occurring substance abuse and mental health disorders requires integrated treatment that addresses both conditions collaboratively and non-punitively. The CPRP Exam Blueprint (Domain VI:

Systems Competencies) emphasizes integrated dual diagnosis treatment (IDDT), which promotes harm reduction and shared decision-making rather than exclusionary practices (Task VI.B.2: "Promote integration of mental health, physical health, and substance use services"). Option C (a lack of understanding of integrated treatment) aligns with this, as the practitioner's decision to withhold medication due to alcohol consumption reflects a punitive approach, ignoring harm reduction principles and the need to maintain medication continuity for mental health stability, which is critical in co-occurring disorders.

Option A (failure to employ shared decision-making) is relevant but less specific, as the core issue is the lack of integrated treatment principles. Option B (consequences for actions) contradicts recovery-oriented, non-judgmental care. Option D (caution due to medication interactions) is plausible but incorrect, as the scenario does not indicate a specific interaction risk, and integrated treatment prioritizes continuity over exclusion. The PRA Study Guide underscores integrated, harm reduction-based approaches for co-occurring disorders, supporting Option C.

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CPRP Exam Blueprint (2014), Domain VI: Systems Competencies, Task VI.B.2.

PRA Study Guide (2024), Section on Integrated Treatment for Co-Occurring Disorders.

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

NEW QUESTION # 118

An individual expresses a desire to return to work after several years. She is unable to move forward because she is concerned that she will not be able to manage the stress. The BEST intervention for the practitioner to use is

- A. relapse prevention planning.
- B. skill programming.
- C. illness management.
- D. motivational interviewing.

Answer: D

Explanation:

When an individual expresses a goal (returning to work) but is hindered by concerns about stress, the practitioner must address ambivalence and build motivation to move forward. The CPRP Exam Blueprint (Domain V: Strategies for Facilitating Recovery) highlights motivational interviewing as an evidence-based intervention to explore and resolve ambivalence, enhancing readiness for

goal pursuit (Task V.B.2: "Facilitate the development of self-management skills"). Option B (motivational interviewing) aligns with this, as it involves collaborative, empathetic conversations to help the individual articulate her concerns, weigh the pros and cons of working, and build confidence in managing stress, thereby supporting her work goal.

Option A (illness management) focuses on symptom control, not directly addressing stress-related ambivalence. Option C (skill programming) teaches specific skills but is premature without resolving her concerns. Option D (relapse prevention planning) is relevant for maintaining gains but not for overcoming initial barriers to action. The PRA Study Guide emphasizes motivational interviewing for addressing ambivalence in goal-setting, supporting Option B.

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CPRP Exam Blueprint (2014), Domain V: Strategies for Facilitating Recovery, Task V.B.2.

PRA Study Guide (2024), Section on Motivational Interviewing in Recovery.

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

NEW QUESTION # 119

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