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

NEW QUESTION #114

An individual tells a practitioner of a recent visit to her spiritual advisor to help reduce positive symptoms of schizophrenia. The practitioner uses this information to:

- A. Explain that this is not relevant to the treatment process.
- B. Inform the rehabilitation planning and goal-setting process.
- C. Develop an individualized crisis management plan.
- D. Reinforce the need to use psychiatric medications.

Answer: B

Explanation:

This question pertains to Domain IV: Assessment, Planning, and Outcomes, which focuses on incorporating individuals' strengths, preferences, and cultural factors into rehabilitation planning. The CPRP Exam Blueprint emphasizes "integrating individuals' spiritual or cultural practices into rehabilitation plans to support recovery goals, particularly when these practices are meaningful to symptom management." The individual's use of a spiritual advisor to manage positive symptoms is a strength that should be leveraged in

planning.

- * Option A: Using the information to inform the rehabilitation planning and goal-setting process is the best approach, as it respects the individual's spiritual practices and incorporates them as a strength in her recovery plan. This could involve goals that integrate spiritual support alongside other interventions, aligning with person-centered planning.
- * Option B: Developing a crisis management plan is premature, as the scenario does not indicate a crisis but rather a proactive strategy for symptom management.
- * Option C: Dismissing the spiritual advisor as irrelevant is disrespectful and ignores the individual's cultural and personal strengths, contradicting recovery principles.
- * Option D: Reinforcing medication use without acknowledging the spiritual practice is overly directive and misses an opportunity to build on the individual's existing coping strategies.

Extract from CPRP Exam Blueprint (Domain IV: Assessment, Planning, and Outcomes):

"Tasks include: 2. Incorporating individuals' cultural, spiritual, and personal strengths into rehabilitation plans to support recovery goals."

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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 5 - Assessment, Planning, and Outcomes. Farkas, M., & Anthony, W. A. (2010). Psychiatric Rehabilitation Interventions: A Review. International Review of Psychiatry (emphasizes cultural strengths in planning).

NEW QUESTION #115

An individual with a psychiatric disability has been taking a psychotropic medication that has been effective in reducing the intensity of psychotic symptoms but has caused weight gain and high cholesterol. The individual expresses concern to his practitioner regarding his newly developed medical conditions but feels they are unavoidable. The practitioner's BEST response would be to

- A. remind the individual that he is not alone in dealing with declining physical health and inform him of the prevalence of the issue.
- B. express support of the individual's feelings about his medical conditions, but emphasize the positive changes in his mental health
- C. provide education on metabolic syndrome and discuss how to talk about his concerns with his primary physician and psychiatrist.
- D. assist the individual in choosing between having a stable mental health status or a good physical health status.

Answer: C

Explanation:

Supporting holistic health, particularly when addressing side effects of psychotropic medications, is a critical competency in psychiatric rehabilitation. The CPRP Exam Blueprint (Domain VII: Supporting Health & Wellness) emphasizes educating individuals about health conditions and facilitating communication with healthcare providers (Task VII.A.2: "Provide education on health conditions and treatment options"). Option A (provide education on metabolic syndrome and discuss how to talk about his concerns with his primary physician and psychiatrist) aligns with this task by empowering the individual with knowledge about metabolic syndrome-a common side effect of antipsychotics characterized by weight gain, high cholesterol, and increased diabetes risk-and supporting collaborative care with medical professionals to explore management options (e.g., lifestyle changes or medication adjustments).

Option B (choosing between mental and physical health) is inappropriate, as it presents a false dichotomy and contradicts recoveryoriented principles that integrate both mental and physical health (Domain V). Option C (emphasizing mental health over physical concerns) dismisses the individual's valid concerns, violating person-centered care principles (Domain I). Option D (highlighting prevalence) normalizes the issue but fails to provide actionable steps, unlike Option A. The PRA Study Guide underscores the importance of holistic health education and advocacy, reinforcing Option A.

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CPRP Exam Blueprint (2014), Domain VII: Supporting Health & Wellness, Task VII.A.2. PRA Study Guide (2024), Section on Physical Health and Medication Side Effects. CPRP Exam Preparation & Primer Online 2024, Module on Supporting Health & Wellness.

NEW QUESTION #116

What are the components of a psychiatric rehabilitation diagnosis?

- A. Social skill assessment, psychiatric diagnosis, and an overall rehabilitation goal
- B. Functional assessment, diagnostic assessment, and skill programming

- C. Resource assessment, functional assessment, and an overall rehabilitation goal
- D. Readiness assessment, skill management, and resource evaluation

Answer: C

Explanation:

A psychiatric rehabilitation diagnosis focuses on identifying an individual's strengths, needs, and aspirations to guide recovery-oriented planning, distinct from a clinical diagnosis. The CPRP Exam Blueprint (Domain IV: Assessment, Planning, and Outcomes) outlines the components as a functional assessment (to identify strengths and deficits), a resource assessment (to evaluate available supports), and an overall rehabilitation goal (to set a person-centered objective) (Task IV.A.1: "Conduct functional assessments to identify individual goals and strengths" and Task IV.A.3: "Assess available resources to support goal attainment"). Option A (resource assessment, functional assessment, and an overall rehabilitation goal) aligns with this framework, capturing the holistic, recovery-focused approach of psychiatric rehabilitation.

Option B (social skill assessment, psychiatric diagnosis, rehabilitation goal) is incorrect, as psychiatric diagnosis is clinical and not part of rehabilitation diagnosis, and social skills are a subset of functional assessment. Option C (readiness assessment, skill management, resource evaluation) mixes assessment and intervention terms, missing the goal component. Option D (functional assessment, diagnostic assessment, skill programming) includes clinical diagnostic assessment, which is not relevant, and skill programming is an intervention, not a diagnostic component. The PRA Study Guide details these components as essential for rehabilitation planning, supporting Option A.

CPRP Exam Blueprint (2014), Domain IV: Assessment, Planning, and Outcomes, Tasks IV.A.1 and IV.A.3. PRA Study Guide (2024), Section on Psychiatric Rehabilitation Diagnosis.

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

NEW QUESTION #117

Supported Education services

- A. limit participation to those who meet minimal standardized test scores.
- B. prepare an individual for participation with an entry-level curriculum.
- C. require a readiness assessment prior to participation.
- D. base eligibility solely on the desire to participate.

Answer: D

Explanation:

Supported Education services aim to help individuals with psychiatric disabilities pursue educational goals by providing tailored supports, such as accommodations or coaching. The CPRP Exam Blueprint (Domain III:

Community Integration) emphasizes that eligibility for Supported Education is based on the individual's desire to participate, reflecting the recovery-oriented principle of self-determination (Task III.A.2: "Support individuals in accessing community-based educational opportunities"). Option D (base eligibility solely on the desire to participate) aligns with this, as Supported Education programs prioritize access for those who express interest, without imposing restrictive criteria like test scores or mandatory assessments.

Option A (minimal standardized test scores) is incorrect, as such requirements would exclude individuals and contradict inclusive principles. Option B (entry-level curriculum) is a potential support strategy, not an eligibility criterion. Option C (require a readiness assessment) may inform planning but is not a prerequisite for eligibility, as desire drives access. The PRA Study Guide highlights that Supported Education is open to all who wish to pursue education, supporting Option D.

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

PRA Study Guide (2024), Section on Supported Education Services.

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

NEW QUESTION #118

An individual has had a long history of struggling with negative symptoms of psychosis. The practitioner has been unsuccessful in engaging the individual due to his despair that his situation will never improve. The practitioner's best approach would be to:

- A. Remind him to never lose hope.
- B. Make his rehabilitation objectives more realistic.
- C. Ask him if he is taking his medication regularly.
- D. Introduce him to a peer specialist.

Answer: D

Explanation:

This question falls under Domain V: Strategies for Facilitating Recovery, which emphasizes evidence- based practices like peer support to foster hope and engagement in recovery. The CPRP Exam Blueprint highlights that "peer support, provided by individuals with lived experience, can inspire hope and model recovery, particularly for those struggling with despair or disengagement." The individual's negative symptoms of psychosis and despair are barriers to engagement, and introducing a peer specialist can provide a relatable role model to rebuild hope and motivation.

- * Option C: Introducing the individual to a peer specialist is the best approach, as peers with lived experience can share recovery stories, model coping strategies, and foster hope, which directly addresses the individual's despair. Peer support is an evidence-based practice in psychiatric rehabilitation, particularly effective for engaging individuals with negative symptoms or low motivation.
- * Option A: Asking about medication adherence assumes a medical issue without addressing the emotional barrier (despair), which is not person-centered and unlikely to engage the individual.
- * Option B: Reminding him to "never lose hope" is vague and lacks a concrete intervention, failing to provide practical support for engagement.
- * Option D: Adjusting rehabilitation objectives may be relevant later but does not directly address the immediate barrier of despair or facilitate engagement, which is the primary issue.

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

"Tasks include: 4. Promoting peer support as an evidence-based practice to foster hope, engagement, and recovery, particularly for individuals experiencing despair or disengagement."

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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, emphasizes peer support for engagement).

NEW QUESTION #119

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