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CPRP EXAM

1. **Intergovernmental Joint Use:** An agreement between two public agencies in usual

2. **Goal:** A statement of desired outcomes obtained from participating in the program

3. **Qualitative:** Focus Group is an example of what kind of data?

4. **Qualitative:** Observation is an example of what kind of data?

5. **Statement of agency or unit programming philosophy:** The overall rationale for this agency's involvement in programming.

6. **Collaborations:** A short-term relationship to solve a specific problem or set of problems

7. **Quantitative:** Multiple Option Survey is an example of what kind of data?

8. **Compulsory Income:** Income generated through tax revenue

9. **Management Plan:** A written plan that identifies each management function to by completed, the specific activities within each, and a targeted completion date for each activity

10. **Quantitative:** Likert Scale Survey is an example of what kind of data?

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Psychiatric Rehabilitation Association CPRP Exam Syllabus Topics:

Topic	Details
Topic 1	• 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.
Topic 2	• 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	• 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.

Psychiatric Rehabilitation Association Certified Psychiatric Rehabilitation Practitioner Sample Questions (Q86-Q91):

NEW QUESTION # 86
An Illness Management group should include which of the following areas?

- A. Behavioral tailoring, conflict resolution, and psychopharmacology
- B. Medication adherence, relapse prevention, and social skills
- C. Psychoeducation, behavioral tailoring, relapse prevention, and coping skills training
- D. Psychoeducation, conflict resolution, psychopharmacology, and coping skills training

Answer: C

Explanation:
This question pertains to Domain V: Strategies for Facilitating Recovery, which includes implementing evidence-based practices like Illness Management and Recovery (IMR). The CPRP Exam Blueprint specifies that IMR groups focus on "psychoeducation, behavioral tailoring, relapse prevention, and coping skills training to empower individuals to manage their mental health." The question tests knowledge of the core components of an IMR group, an evidence-based practice in psychiatric rehabilitation.
* Option D: This option lists psychoeducation (education about mental health), behavioral tailoring (strategies to incorporate medication or treatment into daily routines), relapse prevention (identifying and managing early warning signs), and coping skills training (techniques to manage symptoms). These are the core components of IMR, as outlined in PRA study materials and IMR protocols.
* Option A: Includes conflict resolution, which is not a standard component of IMR, and psychopharmacology, which is too specific (IMR covers medication management broadly, not detailed pharmacology).
* Option B: Includes conflict resolution, which is not part of IMR, and omits key components like psychoeducation and coping skills training.
* Option C: Includes social skills, which is not a core IMR component (though related to other interventions), and omits psychoeducation and behavioral tailoring, making it incomplete.
Extract from CPRP Exam Blueprint (Domain V: Strategies for Facilitating Recovery):
"Tasks include: 3. Implementing evidence-based practices, such as Illness Management and Recovery, which include psychoeducation, behavioral tailoring, relapse prevention, and coping skills training."
:
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.
Mueser, K. T., et al. (2006). The Illness Management and Recovery Program: Rationale, Development, and Preliminary Findings. Schizophrenia Bulletin (recommended CPRP study literature, details IMR components).

NEW QUESTION # 87
An individual with a psychiatric disability complains that her medication is making her too drowsy, even though it stops the distressing voices she hears. When using self-disclosure, the practitioner should:

- A. Talk about the time he stopped taking antibiotics without completing the entire course and then had a recurrence of his infection.
- B. Talk about his family's demands upon him and how difficult it is for him to cope.
- C. Describe a time when he injured his back and had to work closely with his doctor to get the medicine adjusted so that it did not make him dizzy.
- D. Share that he always takes his medications exactly as prescribed because he feels that his doctor knows what is best for him.

Answer: C

Explanation:
This question falls under Domain I: Interpersonal Competencies, which emphasizes person-centered communication, including the appropriate use of self-disclosure to build therapeutic relationships. The CPRP Exam Blueprint specifies that self-disclosure should be "relevant, purposeful, and aimed at fostering hope, empathy, or collaboration, while maintaining professional boundaries." In this scenario, the individual is struggling with medication side effects (drowsiness), and the practitioner's self-disclosure should relate to this experience to validate her concerns and encourage collaboration with healthcare providers.
* Option A: Describing a personal experience of adjusting medication with a doctor due to side effects (dizziness) is relevant to the individual's situation. It validates her experience, models collaboration with a healthcare provider, and fosters hope that side effects can be managed, aligning with recovery- oriented communication.
* Option B: Discussing stopping antibiotics is unrelated to psychiatric medication or side effects and focuses on non-adherence, which could imply judgment and is not therapeutic in this context.
* Option C: Sharing strict adherence to medication due to trust in a doctor may dismiss the individual's valid concerns about side effects, potentially alienating her and undermining person-centered communication.
* Option D: Talking about family demands is irrelevant to the individual's medication concerns and risks shifting focus to the practitioner's personal issues, violating professional boundaries.
Extract from CPRP Exam Blueprint (Domain I: Interpersonal Competencies):
"Tasks include: 1. Establishing and maintaining a therapeutic relationship with individuals. 2. Using self- disclosure purposefully to foster hope, empathy, or collaboration, while maintaining professional boundaries."
:
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 person-centered approach, supports purposeful self-disclosure).

NEW QUESTION # 88
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. illness management.
- B. skill programming.
- C. motivational interviewing.
- D. relapse prevention planning.

Answer: C

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 # 89

After determining that the individual is ready for rehabilitation, which of the following is the next best step?

- A. Determining the domains the individual needs to change
- B. Identifying the individual's expressed goals
- C. Review of the behavioral skills needed
- D. Assessment of the routines required for change

Answer: B

Explanation:
Once rehabilitation readiness is confirmed, the next step is to establish a person-centered foundation for planning. The CPRP Exam Blueprint (Domain IV: Assessment, Planning, and Outcomes) specifies that identifying the individual's expressed goals follows readiness assessment to ensure plans reflect their aspirations (Task IV.A.1: "Conduct functional assessments to identify individual goals and strengths"). Option C (identifying the individual's expressed goals) aligns with this, as it involves eliciting the individual's priorities (e.g., employment, housing) to guide subsequent assessments and interventions.

Option A (determining domains) and Option B (routines for change) are part of functional assessment, which follows goal identification. Option D (review behavioral skills) is premature without knowing the goals. The PRA Study Guide highlights goal identification as the next step post-readiness, supporting Option C.

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CPRP Exam Blueprint (2014), Domain IV: Assessment, Planning, and Outcomes, Task IV.A.1.
PRA Study Guide (2024), Section on Goal-Setting Post-Readiness.
CPRP Exam Preparation & Primer Online 2024, Module on Assessment, Planning, and Outcomes.

NEW QUESTION # 90

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

Answer: A

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 # 91

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