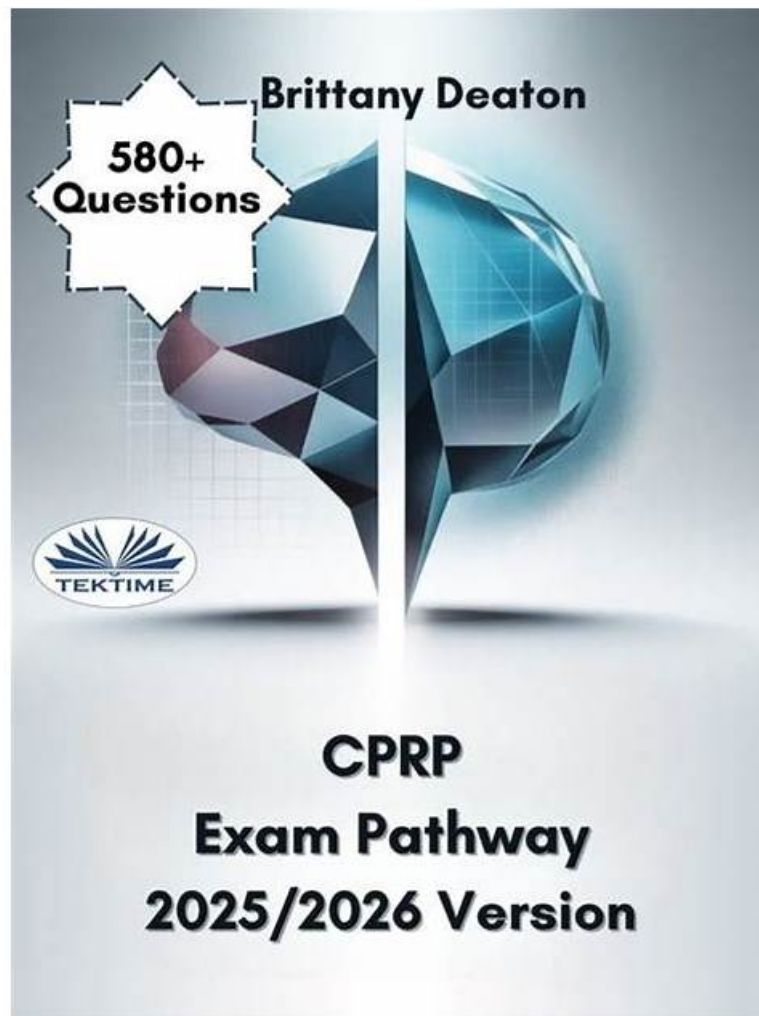


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Psychiatric Rehabilitation Association Certified Psychiatric Rehabilitation Practitioner Sample Questions (Q72-Q77):

NEW QUESTION # 72

An individual and a practitioner identify that the individual has a history of feeling scared, disorganized, and isolated several weeks prior to psychiatric hospitalizations. The individual wants to be alerted by the practitioner when the practitioner notices these signs. This information should be reflected in the:

- A. Skills training plan
- B. Strategic goal
- C. Rehabilitation plan
- D. Overall rehabilitation goal

Answer: C

Explanation:

This question aligns with Domain IV: Assessment, Planning, and Outcomes, which focuses on developing individualized rehabilitation plans that incorporate assessment findings, personal goals, and strategies to support recovery. The CPRP Exam Blueprint emphasizes that rehabilitation plans should include "specific interventions, supports, and monitoring strategies to address identified needs and prevent adverse outcomes, such as hospitalization." The scenario involves incorporating a monitoring strategy (alerting the individual to early warning signs) into the individual's plan to prevent hospitalizations.

* Option D: The rehabilitation plan is the comprehensive document that integrates assessment data, goals, interventions, and monitoring strategies tailored to the individual's needs. Including a strategy to alert the individual when signs of feeling scared, disorganized, or isolated are observed fits within the rehabilitation plan, as it addresses early intervention to prevent hospitalization. This aligns with person-centered planning principles.

* Option A: A strategic goal typically outlines a broad, long-term outcome (e.g., maintaining stability), not specific interventions like monitoring and alerting.

* Option B: A skills training plan focuses on teaching specific skills (e.g., coping or social skills), not monitoring or alerting strategies.

* Option C: The overall rehabilitation goal is a high-level aim (e.g., living independently), not a detailed plan that includes specific interventions like alerting the individual to warning signs.

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

"Tasks include: 2. Developing individualized rehabilitation plans that incorporate assessment findings and monitoring strategies. 3. Identifying early warning signs and interventions to prevent adverse outcomes, such as hospitalization."

:

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 (recommended CPRP study literature, discusses rehabilitation planning).

NEW QUESTION # 73

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. Make his rehabilitation objectives more realistic.
- B. Ask him if he is taking his medication regularly.
- C. Remind him to never lose hope.
- 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."

:

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 # 74

One of the components of wellness is

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

Answer: B

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 # 75

What is the best location for learning the skills and activities of food preparation?

- **A. The individual's own home**
- B. The kitchen unit of a Clubhouse
- C. A community college which offers cooking courses near the individual's home
- D. A residential program with an intensive skill-training component

Answer: A

Explanation:

This question pertains to Domain III: Community Integration, which emphasizes providing services in natural, normalized environments to promote independence and skill development. The CPRP Exam Blueprint highlights "teaching skills in the individual's own environment to enhance generalization and community integration." Learning food preparation skills is most effective in a setting where the individual will apply them, ensuring relevance and practicality.

Option B: The individual's own home is the best location, as it is the natural environment where food preparation will occur. Learning in this setting ensures skills are tailored to the individual's kitchen, resources, and routines, promoting generalization and independence, which aligns with recovery-oriented principles.

Option A: A residential program may provide structured training but is less normalized and may not reflect the individual's actual

living situation, limiting skill transfer.

Option C: A community college cooking course is a community-based option but may be too generalized or inaccessible (e.g., cost, transportation), and it is not tailored to the individual's home environment.

Option D: A Clubhouse kitchen unit offers a supportive environment but is not the individual's natural setting, reducing the direct applicability of learned skills.

Extract from CPRP Exam Blueprint (Domain III: Community Integration):

"Tasks include: 1. Supporting skill development in natural environments, such as the individual's home, to promote independence. 2.

Providing services in settings that enhance community integration and skill generalization." References:

Psychiatric Rehabilitation Association (PRA). (2014). CPRP Exam Blueprint. Retrieved from PRA Certification Handbook.

PRA. (2024). CPRP Exam Preparation & Primer Online 2024 Course: Module 4 - Community Integration.

Bond, G. R., & Drake, R. E. (2015). Making the Case for IPS Supported Employment. Administration and Policy in Mental Health (emphasizes normalized settings for skill development).

NEW QUESTION # 76

An Illness Management group should include which of the following areas?

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

Answer: A

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 # 77

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