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CFRP and CPRP Exam Study Guide: Best Practices in Psychiatric Rehabilitation Exam questions with correct answers

1. **In psychiatric rehabilitation, we define the desired outcome as:** recovery - a life of meaning and purpose for people who live with mental health conditions.
2. **To know whether a practice is effective, research and evaluation must::**
-Demonstrate that the practice does achieve the outcome desired. When a certain threshold of research evidence is reached, showing that one practice has better outcomes than alternatives, the practice is evidence-based.
3. **Evidence-Based Practices::** Specific interventions and service models that have been shown effective through multiple high-quality research studies by different research teams
4. **Best Practices::** Those approaches, tools, and techniques that are recognized as desirable and effective, but have not yet been studied adequately and so lack evidence.
5. **The Four Over-Arching Themes of Psychiatric Rehabilitation::** 1. Services that are person-centered
2. Services focused on full integration and participation in a person's community of choice.
3. Vigilance and activism to combat prejudice and discrimination.
4. Effective and ongoing training that is relevant to the field and targeted towards developing the attitudes, knowledge, and skill needed to be an effective psychiatric rehabilitation practitioner.
6. **Person-Centered Services are Built On::** Self-determination, choice, and promote individual responsibility.
7. **Service Plans in Psychiatric Rehabilitation are Designed to::** Define and achieve goals that are personally relevant and valuable.
8. **Assessment and Interventions in Psychiatric Rehabilitation Target::** The skills and supports needed to achieve personal goals.
9. **Psychiatric Rehabilitation Services focus on::** the whole of a person and what is needed to promote overall wellness in all life domains.

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Psychiatric Rehabilitation Association Certified Psychiatric Rehabilitation Practitioner Sample Questions (Q79-Q84):

NEW QUESTION # 79

Retention in community-based services by persons with serious mental illness is MOST often disrupted by

- A. family dynamics.
- **B. hospital recidivism.**
- C. financial instability.
- D. medication management.

Answer: B

Explanation:

Retention in community-based services, such as outpatient programs or supported housing, is critical for individuals with serious mental illness to maintain community integration. The CPRP Exam Blueprint (Domain III: Community Integration) emphasizes identifying and addressing barriers to sustained community participation (Task III.B.2: "Identify barriers to community integration and develop strategies to overcome them"). Hospital recidivism (Option C) is the most frequent disruptor, as recurrent hospitalizations due to symptom exacerbation or crises interrupt engagement with community-based services, leading to disengagement from supports like case management or rehabilitation programs.

Option A (family dynamics) can influence retention but is less universally disruptive than hospitalizations, which directly remove individuals from community settings. Option B (medication management) is a factor, but its impact is often secondary to crises leading to hospitalization. Option D (financial instability) is a barrier to community living but less directly tied to service retention compared to hospital recidivism, which physically and logistically disrupts service continuity. The PRA Study Guide notes that hospital recidivism is a primary challenge to maintaining community-based service engagement, supporting Option C.

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

PRA Study Guide (2024), Section on Barriers to Community Integration.

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

NEW QUESTION # 80

A practitioner is working with an individual who is not applying the necessary skills to succeed in his work environment. The practitioner's FIRST approach would be to

- A. meet with the individual and the employer.
- B. provide incentives for progress made.
- **C. revisit the readiness assessment.**
- D. ensure that the goal is self-determined.

Answer: C

Explanation:

When an individual struggles to apply skills in a work environment, the practitioner must first assess whether the individual is adequately prepared for the goal. The CPRP Exam Blueprint (Domain V: Strategies for Facilitating Recovery) emphasizes revisiting readiness to ensure alignment between the individual's motivation, skills, and goals (Task V.B.1: "Support individuals in developing readiness for rehabilitation goals"). Option A (revisit the readiness assessment) aligns with this, as it allows the practitioner to determine if the individual's lack of skill application stems from insufficient readiness (e.g., low confidence or motivation), which can inform tailored interventions.

Option B (meet with the employer) is premature without understanding the individual's readiness. Option C (ensure the goal is self-determined) is important but not the first step, as readiness affects goal pursuit. Option D (provide incentives) addresses behavior but not the underlying issue of skill application. The PRA Study Guide highlights readiness reassessment as a critical first step when progress stalls, supporting Option A.

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

NEW QUESTION # 81

Supported Education services

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

Answer: C

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.

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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 # 82

Which of the following factors predict housing stability for individuals with psychiatric disabilities?

- A. Social skills and personal choice on where to live.
- B. Symptoms and medication compliance.
- C. Stable employment and personal choice on where to live.
- D. Stable employment and medication compliance.

Answer: C

Explanation:

Housing stability is a key outcome of community integration for individuals with psychiatric disabilities, requiring both practical resources and personal empowerment. The CPRP Exam Blueprint (Domain III:

Community Integration) highlights the importance of stable resources (e.g., income from employment) and self-determination (e.g., choice in housing) as predictors of housing stability (Task III.A.1: "Support individuals in accessing and maintaining stable housing").

Option A (stable employment and personal choice on where to live) aligns with this, as employment provides financial stability to afford housing, and personal choice ensures the housing meets the individual's preferences and needs, fostering long-term stability.

Option B (social skills and personal choice) is less predictive, as social skills are secondary to financial and choice-related factors in maintaining housing. Option C (symptoms and medication compliance) may influence stability but is not as directly predictive as economic and autonomy factors, as symptom management does not guarantee housing retention without resources. Option D (stable employment and medication compliance) omits the critical role of personal choice, which is central to recovery-oriented housing outcomes. The PRA Study Guide emphasizes employment and choice as key drivers of housing stability, supporting Option A.

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CPRP Exam Blueprint (2014), Domain III: Community Integration, Task III.A.1.

PRA Study Guide (2024), Section on Housing Stability.

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

NEW QUESTION # 83

An individual and her practitioner are in a treatment team meeting in which potential options for the individual are being discussed. The practitioner's priority is to advocate for an option that is:

- A. Conducive to the individual's stability.
- B. Financially realistic.
- **C. Consistent with the individual's wishes.**
- D. Least restrictive.

Answer: C

Explanation:

This question pertains to Domain II: Professional Role Competencies, which emphasizes advocacy and person-centered practice.

The CPRP Exam Blueprint and PRA Code of Ethics state that "practitioners prioritize advocating for options that align with the individual's preferences and wishes, as this respects autonomy and promotes recovery." While stability, restrictiveness, and financial considerations are important, the individual's wishes are the primary focus in a recovery-oriented approach.

* Option D: Advocating for an option consistent with the individual's wishes prioritizes her autonomy and self-determination, which are core to psychiatric rehabilitation. This ensures the treatment plan reflects her values and goals, fostering engagement and recovery.

* Option A: Stability is important but secondary to the individual's preferences, as imposing stability- focused options may undermine autonomy.

* Option B: The least restrictive option is a principle in mental health law but is not the primary focus in a treatment team meeting where the individual's wishes take precedence.

* Option C: Financial realism is a practical consideration but not the practitioner's priority over respecting the individual's preferences.

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

"Tasks include: 2. Advocating for options that align with the individual's preferences and wishes to promote autonomy 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 3 - Professional Role Competencies.

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

NEW QUESTION # 84

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