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Certified Psychiatric Rehabilitation Practitioner

Psychiatric Rehabilitation Association CPRP

Version Demo

Total Demo Questions: 14

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Topic Break Down

Topic	No. of Questions
Topic 1, Interpersonal Competencies	68
Topic 2, Professional Role Competencies	36
Topic 3, Community Integration Competencies	32
Topic 4, Systems Competencies	5
Topic 5, Mix Questions	1
Total	142

QUESTION NO: 1

A practitioner works part time at a restaurant, not realizing that the restaurant owner's son is a participant in the psychiatric rehabilitation program where the practitioner works. Upon learning of this connection, the practitioner would:

A. Quit the restaurant job, citing the conflict of interest.

B. Monitor the situation until the dual relationship becomes an issue.

C. Reassure the restaurant owner that the practitioner is bound by confidentiality.

D. Consult with his program supervisor about the situation.

ANSWER: D

Explanation:

"Consult with his program supervisor about the situation." is the appropriate immediate response because the practitioner has identified an unanticipated dual-relationship and boundary concern. The restaurant owner has a personal connection to a person receiving services from the practitioner's program, creating a circumstance that could affect professional objectivity, create an appearance of a conflict, or increase the risk of an inadvertent confidentiality disclosure. Consultation provides a structured way to assess the specific facts, including whether the practitioner has direct service responsibility for the participant, the extent of contact with the owner at work, and what safeguards or changes may be needed. A supervisor can help develop a plan that protects the participant's privacy, supports continuity of care, and follows agency policy without making a premature decision based on incomplete information. This response reflects psychiatric rehabilitation practitioners' professional responsibility to recognize ethical issues, maintain appropriate boundaries, seek supervision when needed, and protect confidential information. The Psychiatric Rehabilitation Association identifies ethics and professional role competencies as central to CPRP practice; see its CPRP certification information. Confidentiality safeguards also align with the federal HIPAA Privacy Rule's protections for individually identifiable health information, summarized by the U.S. Department of Health and Human Services.

QUESTION NO: 2

An individual enjoys her job in a busy office but reports that background conversations make it difficult for her to concentrate. She does not want to disclose her diagnosis to co-workers. With the individual's permission, the practitioner helps her request a workstation away from the main traffic area and explore the use of noise-reducing headphones. This is an example of:

A. resource coordination.

B. resource modification.

C. skills training.

D. symptom monitoring.

ANSWER: B

Explanation:

resource modification. is correct because the intervention changes features of the environment to improve the individual's ability to succeed in a valued role. The practitioner is not attempting to change the individual's employment goal or requiring disclosure of a diagnosis; the focus is on reducing an environmental barrier through practical accommodations.

Resource coordination would involve connecting the individual with an existing service or support. Skills training could be useful in other circumstances, but the central intervention described is modification of the work environment.

QUESTION NO: 3

Best practice guidelines used in a permanent supported housing should include

A. medication compliance.

B. eligibility criteria.

C. readiness assessment.

D. safety planning.

ANSWER: D

Explanation:

Safety planning is an appropriate best-practice component of permanent supportive housing because it helps tenants identify potential crises, early warning signs, preferred supports, de-escalation strategies, emergency contacts, and steps for maintaining housing stability. A safety plan should be developed collaboratively with the person, reflect their preferences and culture, and be revised as needs or circumstances change. In a recovery-oriented housing program, planning for safety supports both personal well-being and successful tenancy without making housing conditional on treatment participation or compliance with prescribed medication. It can also clarify how staff will respond to urgent situations while preserving the tenant's privacy, rights, choice, and role in decisions affecting their home. This approach is consistent with permanent supportive housing's combination of stable, long-term housing and voluntary, flexible, person-centered services. The Substance Abuse and Mental Health Services Administration describes permanent supportive housing as an evidence-based practice designed to help people with serious mental illness obtain and keep community housing, with supports tailored to individual needs. Federal housing guidance likewise emphasizes housing stability and supportive services for people with disabilities who need assistance to maintain housing. See SAMHSA's permanent supportive housing resource and HUD's Continuum of Care program eligibility guidance.

QUESTION NO: 4

A woman with a psychiatric disability informs the practitioner that she feels violated in the adult care residence because there are no locks on the bedroom doors. She has awakened to find male residents in her room. She has complained to the manager/owner for months and nothing has been done about it. What is the best way for the practitioner to address this situation?

A. Demonstrate several self-defense techniques that are effective against intruders.

B. Call the residence and strongly advise them to address the problem.

C. Provide the individual with the name and telephone number of the local human rights agency.

D. Provide the individual with supportive counseling to address underlying sexual concerns.

ANSWER: C

Explanation:

Providing the individual with the name and telephone number of the local human rights agency is the best response because it supports her right to safety, privacy, dignity, and self-determination while connecting her with an appropriate external advocacy resource. She has already tried to resolve the concern through the residence's manager or owner over an extended period, without a response. The reported uninvited entries into her bedroom are a serious concern involving personal privacy and residential safety, rather than simply an interpersonal disagreement. A human rights or resident-advocacy agency can help her understand her rights, document the concern, make a complaint, and seek protective action through the applicable oversight process. This approach reflects psychiatric rehabilitation's person-centered emphasis on helping people identify and use resources that advance their own goals and rights. It also avoids taking control of the situation away from her: the practitioner offers actionable information and support so she can decide how to proceed. Advocacy in psychiatric rehabilitation includes assisting individuals to access safe, respectful, and appropriate services and accommodations. The Psychiatric Rehabilitation Association describes certification as grounded in competent, ethical psychiatric rehabilitation practice; see its certification information. Broader disability-rights principles supporting equal access, safety, and autonomy are also described by the Americans with Disabilities Act.

QUESTION NO: 5

A woman with a psychiatric disability attempts to rent an apartment. She completes the application and lists her income as disability benefits of $750 per month. She is turned down because of an “unstable income source.” What is the best referral the practitioner can make to help her address this situation?

A. Legal advocacy group

B. Peer support organization

C. Family advocacy group

D. Government benefits agency

ANSWER: A

Explanation:

Legal advocacy group is the best referral because the stated reason for denying the rental application raises a possible fair-housing and disability-rights concern that requires individualized legal assessment. A legal advocacy organization can help the woman preserve relevant information, such as the application, denial statement, advertisements, and communications with the landlord; clarify the protections available in her state or locality; and determine whether to seek advocacy, file an administrative complaint, or pursue another remedy. This referral supports informed choice while connecting her with people qualified to evaluate the facts rather than asking the practitioner to make a legal conclusion.

For psychiatric rehabilitation practice, housing is a central area of community integration. Effective support includes helping a person identify and overcome barriers to obtaining housing, exercise self-determination, and access specialized community resources when a rights issue may be involved. The U.S. Department of Housing and Urban Development explains that the Fair Housing Act prohibits housing discrimination because of disability and provides information about submitting a housing-discrimination complaint. The Bazelon Center also provides housing-rights resources for people with psychiatric disabilities. These resources make legal advocacy an appropriate, targeted referral for addressing the denial and protecting the individual’s opportunity to pursue housing of her choice. See HUD’s Fair Housing Act overview and the Bazelon Center’s housing resources.

QUESTION NO: 6

An individual’s rehabilitation goal is to develop satisfying social relationships. Six months later, the practitioner documents that the individual attended eight community events. Which additional outcome measure would BEST determine whether progress is meaningful to the individual?

A. The individual’s report of whether the activities have increased desired connection and satisfaction.

B. The practitioner’s rating of the individual’s level of participation at each event.

C. The number of staff contacts provided before and after each event.

D. The individual’s event attendance compared with that of other program participants.

ANSWER: A

Explanation:

The individual’s own report of connection, satisfaction, and progress toward the desired social role is the most meaningful additional outcome measure. Attendance at events is useful process information, but it does not establish whether the person developed the type of relationships or sense of belonging that he or she wanted.

Measures based only on staff observations, the number of services received, or comparison with other participants do not adequately reflect person-centered recovery outcomes. Rehabilitation outcomes should include what the individual identifies as success.

QUESTION NO: 7

An individual complains to a practitioner about major maintenance problems at her apartment, including lack of heat at the apartment complex. The first step for the practitioner to take is to:

A. Report the complaint to the apartment landlord.

B. Contact the agency's supported housing services.

C. Suggest she schedule a meeting with other tenants.

D. Suggest she report problems to the landlord.

ANSWER: D

Explanation:

"Suggest she report problems to the landlord" is correct because it begins with a person-centered, psychiatric-rehabilitation approach that supports the individual's own choice, skills, and role in resolving an issue affecting her community living. The landlord or property manager is ordinarily the party responsible for receiving notice of apartment maintenance concerns, and encouraging the tenant to communicate the problem directly promotes self-advocacy rather than unnecessarily taking over the task. The practitioner can help the individual decide how she wants to make the report, identify the relevant contact information, organize the facts to share, and document the communication if she wishes. This preserves the individual's authority while providing only the support needed to pursue a housing goal successfully. In rehabilitation practice, support is intended to strengthen functioning and participation in valued community roles, including the role of tenant. Reporting the concern is also a practical initial action because it gives the responsible housing party notice and creates an opportunity for repair. If the individual needs additional assistance, the practitioner can continue to collaborate with her on next steps after her preferences, abilities, and the outcome of that report are known. PRA's certification materials emphasize recovery-oriented, person-centered practice; see the Psychiatric Rehabilitation Association certification page. HUD also provides tenant-focused housing information at HUD's housing assistance resources.

QUESTION NO: 8

A practitioner is a manager of a group home. The practitioner encourages the staff to assist interested residents in connecting to local religious congregations. What psychiatric rehabilitation principle is the practitioner implementing?

A. Services should be normalized and incorporate natural supports.

B. Service systems should be accountable to the individuals using them.

C. Services should build on the assets and strengths of the individuals using them.

D. Services should be flexible and well-coordinated.

ANSWER: A

Explanation:

"Services should be normalized and incorporate natural supports." is correct because helping residents who are interested to connect with religious congregations promotes participation in an ordinary, valued community setting rather than limiting support to formal mental health or residential services. A congregation can be a natural support: it is a community relationship and resource that exists independently of the psychiatric rehabilitation program and may offer opportunities for belonging, mutual relationships, spiritual practice, social roles, and practical assistance. The practitioner is not directing residents to participate; instead, staff are helping interested people pursue a personally meaningful connection. This reflects person-centered psychiatric rehabilitation practice while reducing isolation and supporting community inclusion. Normalization means making it possible for people to access the same community environments, relationships, and opportunities available to other community members. Incorporating natural supports also helps ensure that support is grounded in the person's chosen life context and can continue beyond contact with paid services. Community integration is a central focus of psychiatric rehabilitation, including assisting people to build connections in the communities where they live, learn, work, and socialize. The Psychiatric Rehabilitation Association identifies community integration as a core area of practitioner competence; see its certification information. Additional background on psychiatric rehabilitation and its recovery-oriented community focus is available from the Boston University Center for Psychiatric Rehabilitation.

QUESTION NO: 9

An individual explains that her family has used a traditional healer during periods of emotional distress and asks whether this can be part of her recovery planning. What is the practitioner's BEST response?

A. Explain that traditional healing should not be discussed in rehabilitation planning.

B. Ask the individual what the practice means to her and how, if at all, she wants it incorporated into her plan.

C. Invite family members to discuss the practice without first consulting the individual.

D. Advise the individual to discontinue the practice while receiving mental health services.

ANSWER: B

Explanation:

Ask the individual what the practice means to her and how, if at all, she wants it incorporated into her plan. is correct because culturally responsive psychiatric rehabilitation begins with curiosity, respect, and the individual's own understanding of helpful supports. The practitioner can explore the person's preferences, desired involvement of family or community supports, and any coordination needs while maintaining the individual's choice and privacy.

Assuming the practice is ineffective or requiring the individual to choose between traditional and formal supports is culturally dismissive. Automatically involving family members is also inappropriate without the individual's permission.

QUESTION NO: 10

An individual with a history of substance abuse and problems with anger management has been living with his family for the last four years. His parents told him that he must stop using drugs or move out. When discussing his situation with the practitioner, the individual becomes angry and threatens that he will hurt his family. What is the best initial action for the practitioner?

A. Determine the level of risk in this situation

B. Provide a quiet environment to speak with the individual

C. Judge the individual's level of emotional upset

D. Encourage the individual to calm down

ANSWER: A

Explanation:

"Determine the level of risk in this situation" is the best initial action because the person has made a direct threat to harm identifiable others during an emotionally escalated discussion. The practitioner's immediate responsibility is to establish whether there is an imminent safety concern before selecting an intervention or continuing routine rehabilitation planning. A focused, calm risk assessment considers the nature and specificity of the threat, intent, current access to the family, access to weapons or other means, substance intoxication or withdrawal, prior violence, protective factors, and the person's ability and willingness to maintain safety. Findings guide the necessary next steps, which may include de-escalation, consultation with a supervisor or crisis team, emergency evaluation, and actions required by applicable law and agency policy to protect potential victims. This approach is consistent with psychiatric rehabilitation competencies that require practitioners to recognize, assess, and respond to safety concerns while maintaining a trauma-informed, respectful stance. Trauma-informed practice does not mean minimizing threats; it means addressing risk without shaming, provoking, or abandoning the person. The Psychiatric Rehabilitation Association describes certification competencies and professional expectations at PRA CPRP Certification. SAMHSA also identifies safety as a foundational principle of trauma-informed care at SAMHSA Trauma-Informed Care.

QUESTION NO: 11

An individual is enduring a prolonged exacerbation of negative symptoms of schizophrenia. The symptoms seem to worsen in the middle of the night when very few supports are available. The BEST approach is to

A. practice self-management techniques.

B. visit your nearest crisis response clinic.

C. call the Warm-Line.

D. take melatonin at bedtime.

ANSWER: C

Explanation:

Calling the Warm-Line is the best response because it provides timely, voluntary, non-emergency peer support during a period when the person's usual professional, social, and community supports may be difficult to access. Negative symptoms can include reduced motivation, social withdrawal, diminished emotional expression, and difficulty initiating helpful actions. A peer specialist or trained Warm-Line responder can offer empathic connection, help the person identify an immediate coping step, reinforce self-directed recovery strategies, and support a plan for reconnecting with ongoing services when they are available. This approach is consistent with psychiatric rehabilitation's recovery orientation: it promotes choice, connection, hope, and use of community-based supports without treating the presentation as an emergency solely because symptoms are persistent or distressing. Peer support is a recognized component of recovery-oriented behavioral-health services and can be particularly valuable in reducing isolation. The Psychiatric Rehabilitation Association's CPRP credential emphasizes competencies that support recovery, wellness, and meaningful community participation; facilitating access to appropriate peer support fits these principles. More information on the credential is available from the Psychiatric Rehabilitation Association, and SAMHSA describes peer support as a key recovery-support service in its peer support resources.

QUESTION NO: 12

What is the primary objective of an initial meeting with an individual seeking rehabilitation services?

A. Creating the rehabilitation plan

B. Reducing symptoms

C. Determining the diagnosis

D. Establishing a trusting relationship

ANSWER: D

Explanation:

Establishing a trusting relationship is the primary objective because psychiatric rehabilitation is grounded in a person-centered, collaborative partnership. At an initial meeting, the practitioner creates a welcoming, respectful environment; communicates hope; listens to the person's own priorities; and begins to understand how the person wishes to engage in services. Trust and rapport support informed choice, meaningful participation, and the person's willingness to identify valued life roles, strengths, needs, and recovery goals over time. This relationship is not merely an introductory courtesy: it is the foundation that enables effective assessment, shared decision-making, and individualized rehabilitation planning. The Psychiatric Rehabilitation Association's competency framework emphasizes interpersonal competencies such as engaging people, communicating in ways that are responsive to their preferences and culture, and developing collaborative working relationships. These practices reflect psychiatric rehabilitation's focus on supporting self-determination and recovery rather than directing the person's course of care. A trusting relationship also allows the practitioner to pace subsequent activities according to the individual's readiness and preferences, preserving dignity and promoting sustained engagement. See the Psychiatric Rehabilitation Association's professional resources and standards and SAMHSA's overview of recovery-oriented care.

QUESTION NO: 13

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. Strategic goal

B. Skills training plan

C. Overall rehabilitation goal

D. Rehabilitation plan

ANSWER: D

Explanation:

Rehabilitation plan is correct because it records the person-centered strategies, supports, responsibilities, and actions that will be used to help an individual pursue recovery goals and reduce barriers to community living. In this situation, the individual and practitioner have identified personally meaningful early indicators that have preceded hospitalization. They have also agreed on a specific support response: the practitioner will alert the individual when those indicators are observed. This is an actionable intervention and a shared expectation for service delivery, so it belongs in the rehabilitation plan.

Documenting the arrangement supports continuity, accountability, and collaboration. It makes clear what the practitioner will monitor, what information will be communicated, and how the individual can receive timely support before difficulties intensify. Early-warning-sign identification and planned responses are consistent with psychiatric rehabilitation's recovery-oriented, individualized planning process, in which services are based on the person's stated preferences, strengths, needs, and desired outcomes. The plan can be reviewed and revised with the individual as circumstances, preferences, or effective supports change. The Psychiatric Rehabilitation Association describes CPRP practice as grounded in psychiatric rehabilitation competencies and person-centered service delivery; see the CPRP certification information and the Association's psychiatric rehabilitation resources.

QUESTION NO: 14

Which of the following BEST describes motivational interviewing?

A. Providing the individual with information about how their mental disabilities will affect their future

B. Including the treatment provider and individual when determining plans

C. Telling the individual the most important steps to take to determine their future

D. Helping the individual to come to an understanding about how they want to advance their recovery

ANSWER: D

Explanation:

Motivational interviewing is best described as helping the individual to come to an understanding about how they want to advance their recovery. It is a collaborative, person-centered communication approach designed to strengthen a person's own motivation and commitment to change. Rather than prescribing a future or directing the person toward a provider-selected course, the practitioner uses skills such as open questions, affirmations, reflective listening, and summaries to help the individual explore their goals, values, reasons for change, and any ambivalence they may feel. In psychiatric rehabilitation, this approach fits recovery-oriented practice because it honors self-determination, personal choice, hope, and the individual's expertise about what matters in their life. The practitioner supports the person in identifying meaningful next steps, while the person retains ownership of both the goals and the decision to pursue change. This is consistent with motivational interviewing's foundational definition as a collaborative conversation style that elicits and strengthens motivation for change. The approach can be especially useful when a person feels uncertain about a recovery goal, such as pursuing education, employment, housing, treatment participation, wellness routines, or community involvement. For further information, see the Motivational Interviewing Network of Trainers overview and SAMHSA's Enhancing Motivation for Change in Substance Use Disorder Treatment.