



Psychiatric
Rehabilitation
Association

Psychiatric Rehabilitation and Resiliency Practitioner Certification Programs

Candidate Handbook

Building the recovery workforce one practitioner at a time...



www.psychrehabassociation.org



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Introduction

This Handbook serves as the primary source of information for those applying to sit for either of the Psychiatric Rehabilitation Association's (PRA) certification examinations offered through the Certification Commission for Psychiatric Rehabilitation (Commission).

The Handbook provides the information you will need about eligibility requirements, application procedures, fees, scheduling, exam content and scoring. We encourage you to periodically check our website (www.psychrehabassociation.org) for any changes in PRA or Commission policies made following publishing of this Handbook. Although PRA will give candidates as much notice as possible when policies or procedures change, it is your responsibility as an exam candidate to ensure that you are fully informed on current requirements and policies. Be sure to check the website for any updates or changes that may be introduced regarding exam eligibility, fees, application deadlines, exam dates or other policies.

This Handbook may be modified, amended or cancelled by PRA at any time, with or without notice. When policies are changed, you may be notified in writing, by e-mail or by the issuance of a revised edition of this Handbook.

This edition of the Handbook replaces all prior versions as to the subjects' addressed herein as well as all representations, oral, written or electronic.

About PRA

Founded in 1975, the Psychiatric Rehabilitation Association (PRA), formerly the United States Psychiatric Rehabilitation Association (USPRA), and its members developed and defined the practice of psychosocial/ psychiatric rehabilitation, establishing these services as integral to community-based treatment and leading the recovery movement.

PRA is the premier source of learning, knowledge and research for the psychiatric rehabilitation profession, and provides resources, education, ideas and advocacy to enhance the power and performance of the recovery workforce. PRA represents more than 1,300 individual and organizational members, representing more than 8,000 psychiatric rehabilitation professionals.

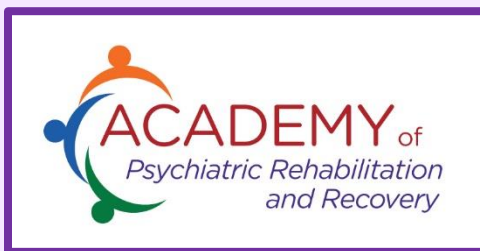
OUR MISSION: PRA grows and trains the recovery workforce.

OUR VISION: PRA envisions a world in which individuals with mental illness recover to achieve successful and satisfying lives in the working, learning, and social environments of their choice.

OUR GUIDING PRINCIPLE: PRA believes that the practice of psychiatric rehabilitation leads to recovery, and thus is committed to the growth of psychiatric rehabilitation in both quantity and quality, and to the universal availability of state-of-the-art psychiatric rehabilitation services for all individuals with mental illness who seek such services.

The Psychiatric Rehabilitation Foundation

SUPPORT YOUR PROFESSION. EVERY GIFT MATTERS. Promoting wellness and recovery through research, education and training is at the heart of the Psychiatric Rehabilitation Foundation (PRF). PRF works tirelessly to ensure that psychiatric rehabilitation professionals are at the forefront with innovative solutions to manage the challenges and opportunities of the future, extending the impact of their work. PRF expands training and education activities delivered through the Academy of Psychiatric Rehabilitation and Recovery as well as current and evolving programs and activities including scholarships, research, grants, and public outreach.



PRF offers training and continuing education opportunities through the **Academy of Psychiatric Rehabilitation and Recovery**, your trusted source of vetted, important information, comprised of programs in the areas of psychiatric rehabilitation, as well as leadership and management. To grow and train the recovery workforce, the Academy provides whole lifelong career learning in Psychiatric Rehabilitation, Wellness, Resiliency & Recovery. The Academy in-person programs, certificate programs, online courses and webinars, are designed for CEOs, senior and mid-level staff, those new to psychiatric rehabilitation, and future leaders – offered at levels to match your knowledge and experience. The Academy faculty are leading experts in psychiatric rehabilitation to ensure the recovery workforce receives quality training and education through a combination of positive learning experiences and exceptional content.

With a learner centered philosophy, the Academy has standardized instructional design to strengthen learning, practice, and build consistency regardless of who from the faculty is presenting. PRA works to collaborate with like-minded groups and academic institutions as well as people in recovery and peer support specialists to achieve overall training goals.

About the Commission

The Commission is the standard-setting body for PRA's credentialing programs, providing the governance, coordination, planning, and operation of the certification process as well as promoting the welfare of people in recovery by establishing professional standards for those engaged in providing psychiatric rehabilitation services. The commission works to assist and encourage all persons engaged in the profession of psychiatric rehabilitation to achieve and maintain the highest professional standards.

The Commission has autonomy in decision making related to all essential certification matters, including eligibility standards, and exam development and administration. The Commission consists of no less than eleven (11) and not more than fifteen (15) members at any given time. Commissioners serve a term of four (4) years, and may serve no more than two (2) consecutive terms, or a maximum of ten (10) years. At all time, no less than two-thirds of all Commissioners are CPRPs in good standing. The Commission strives to maintain a diverse membership ensuring geographic representation of all CPRPs. Commissioners may be recipients of psychiatric rehabilitation services, family members of recipients, those in related helping professions, and Public Mental Health Administrators.

Questions? Contact Us

If you have questions about an exam policy or procedure, contact PRA at certs@psychrehabassociation.org or call the office at 703.442.2078.

Contacting You

Throughout the application and exam process, PRA or its affiliates may need to contact you. To ensure that you do not miss important information about your application or professional updates, it is essential that you notify PRA immediately or any changes to your telephone, email address or mailing address changes. You can do so by emailing certs@psychrehabassociation.org or by completing a *Contact Information Change Form*.

If your name changes, please submit the *Contact Information Change Form* along with the appropriate supporting documentation (marriage license, divorce decree or other court issued document showing a legal name change).

Privacy and Confidentiality

The Commission is committed to maintaining the confidentiality of information provided by individuals applying for certification and for those who have already attained certification. As such, before any information is released over the phone, the caller will be asked for identifying information. You may be asked to provide, for example, your date of birth, your PRA member ID or your address. This security feature helps PRA to protect your personal information from being inappropriately released. Examination scores are never released over the phone.

Without written consent of the applicant, no information relating to the applicant will be released to any party. The sole exception would be the receipt of a Subpoena *Duces Tecum* duly issued by a court of law or any inquiry on the part of any law enforcement or government regulatory agency.

The Commission maintains a public record of the names of all currently certified individuals. State chapters and affiliates may submit a written request to obtain information about certificants in their geographic area. This additional information includes the name, certification date, expiration date, address, email address and daytime telephone number. If a certificant wishes to be excluded from this list, he/she must indicate so by opting-out of the list at the time of application. Under no circumstance will the Commission sell the list to any third party vendor. Test scores are confidential and not released without the written consent of certificant.

Non-Discrimination Policy

The Commission does not discriminate on the basis of race, color, age, gender, sexual orientation, political or religious beliefs, disability, marital or familial status, ancestry, national origin, nor any other category that is protected by U.S. federal law or applicable laws and regulations.

Appeals

If you believe that a decision has been made that is not consistent with the Commission's commitment to fairness in the exam process, the matter should be brought promptly to the attention of the Chief Staff Officer. Your complaint will be thoroughly investigated. There will be no retaliation against any applicant or candidate who files a complaint in good faith, even if the

result of the investigation produces insufficient evidence to support the complaint.

An action of “Not Approved” on an application to sit for the CPRP Examination where there has been a finding of one of the following can be appealed:

- a) Revocation of a professional license;
- b) Felony activity;
- c) Failure to sign the Code of Ethics;
- d) Inaccurate and/or misleading information on the application

The following may NOT be appealed:

- a) An action of “Not Approved” for the CPRP Examination due to failure to meet eligibility requirements, including payment of fees.
- b) Failure to achieve a passing score on the CPRP Examination.

The appellant must initiate the appeals process by submitting a letter of appeal. The letter must be received by the certification department within 30 days after receipt of the notice to the appellant of action taken. The letter should include the relevant facts of the matter and the action taken, the resolution requested and any new information the practitioner would like the review committee to consider. The appeal will be reviewed by an ad hoc Appeal Review Panel of the Commission and the appellant will be notified of the panel’s decision in writing within 90 days of the date on the appeal letter.

After hearing all relevant facts and arguments, the Appeals body may find:

- a) The action was legitimate and stands.
- b) The action was legitimate, but the terms of the non-approval, suspension and/or revocation will be adjusted.
- c) The action is not legitimate and the requested relief will be granted.

Eligibility Requirements

Before you submit an application to sit for a PRA exam you must make sure that you meet the criteria for eligibility for the exam of choice. Applicants are encouraged to review the *Get Certified: Find your Pathway* tool on the PRA website and utilize the *Exam Application Checklist* to ensure all materials are in order prior to applying.

Candidates for the CFRP must meet eligibility requirements in three categories:

1. Academic Preparation;
2. Work Experience;
3. Qualifying Education and Training/Professional Development.

Nearly all candidates are required to complete 45 hours of applicable trainings. All training must address “psychiatric rehabilitation and recovery/resiliency. This includes topics on direct care, life skills training, crisis intervention, treatment modalities, medications, diversity, ethics/legal issues, and more etc. For specific details on acceptable training topics for each credentialing program visit the PRA website at www.psychrehabassociation.org.

Certified Psychiatric Rehabilitation Practitioner

PATHWAY	ACADEMIC PREPARATION	QUALIFYING EDUCATION & TRAINING	WORK EXPERIENCE
1	Degree or Graduate Certificate in Psychiatric Rehabilitation (Cert, AA/AS, BA/BS, MA/MS, PhD)	Exempt	Qualifying internship or 6 months FTE (1000 hours)
2	Qualifying Peer Specialist Credential + High School Diploma or higher	Exempt*	1 year FTE (2000 hours)
3	2-year degree in an Allied/Behavioral Healthcare field (AA/AS)	45 contact hours of CE/T in Psych Rehab	2 years FTE (4000 hours)
4	4-year degree or higher in Allied/Behavioral Healthcare field (BA/BS, MA/MS, PhD, MD)	45 contact hours of CE/T in Psych Rehab	1 year FTE (2000 hours)
5	High School Diploma/GET or 2-year degree in an UNRELATED field (HS/GED, AA/AS)	45 contact hours of CE/T in Psych Rehab	2 years FTE (4000 hours)
6	4-year degree in an UNRELATED field	45 contact hours of CE/T in Psych Rehab	1 year FTE (2000 hours)

- **Practical Experience:** Employment/work experience must be in psychiatric rehabilitation/recovery-oriented environment serving adults and/or transition-age youth (ages 16+ years) with serious and persistent mental illness
- A **qualifying internship** includes a minimum of 400 supervised hours in a psychiatric rehabilitation environment where the supervisor is a CPRP in good standing.
- **Full-time work equivalents:** 6 months = 1000 hours; 12 months = 2000 hours; 24 months = 4000 hours
- A **qualifying Peer Specialist credential** is defined as a certificate or certification program containing 45 or more hours of training directly related to the seven practice domains of psychiatric rehabilitation as outlined on the CPRP exam blueprint. If the CPS does not include a minimum of 45 training hours that relate to the seven practice domains of psychiatric rehabilitation, additional training in the psychiatric rehabilitation practice domains is required. Applicants are required to submit a copy of the course/program syllabus/outline along with a certificate of completion from the granting body/organization to demonstrate qualifying training

Child and Family Resiliency Practitioner

Pathway A: Candidates who have completed PRA's Certificate in Children's Psychiatric Rehabilitation)

This course is offered exclusively by the Academy of Psychiatric Rehabilitation and Recovery.

PATH WAY	ACADEMIC PREPARATION	QUALIFYING EDUCATION & TRAINING	WORK EXPERIENCE
A1	2-year degree (AA/AS)	Exempt	1 year FTE (2000 hours)
A2	4-year degree or higher (BA/BS, MA/MS, PhD, MD, JD, etc....)	Exempt	6 months FTE (1000 hours)

Pathway B: Candidates with ACADEMIC preparation in a RELATED* field

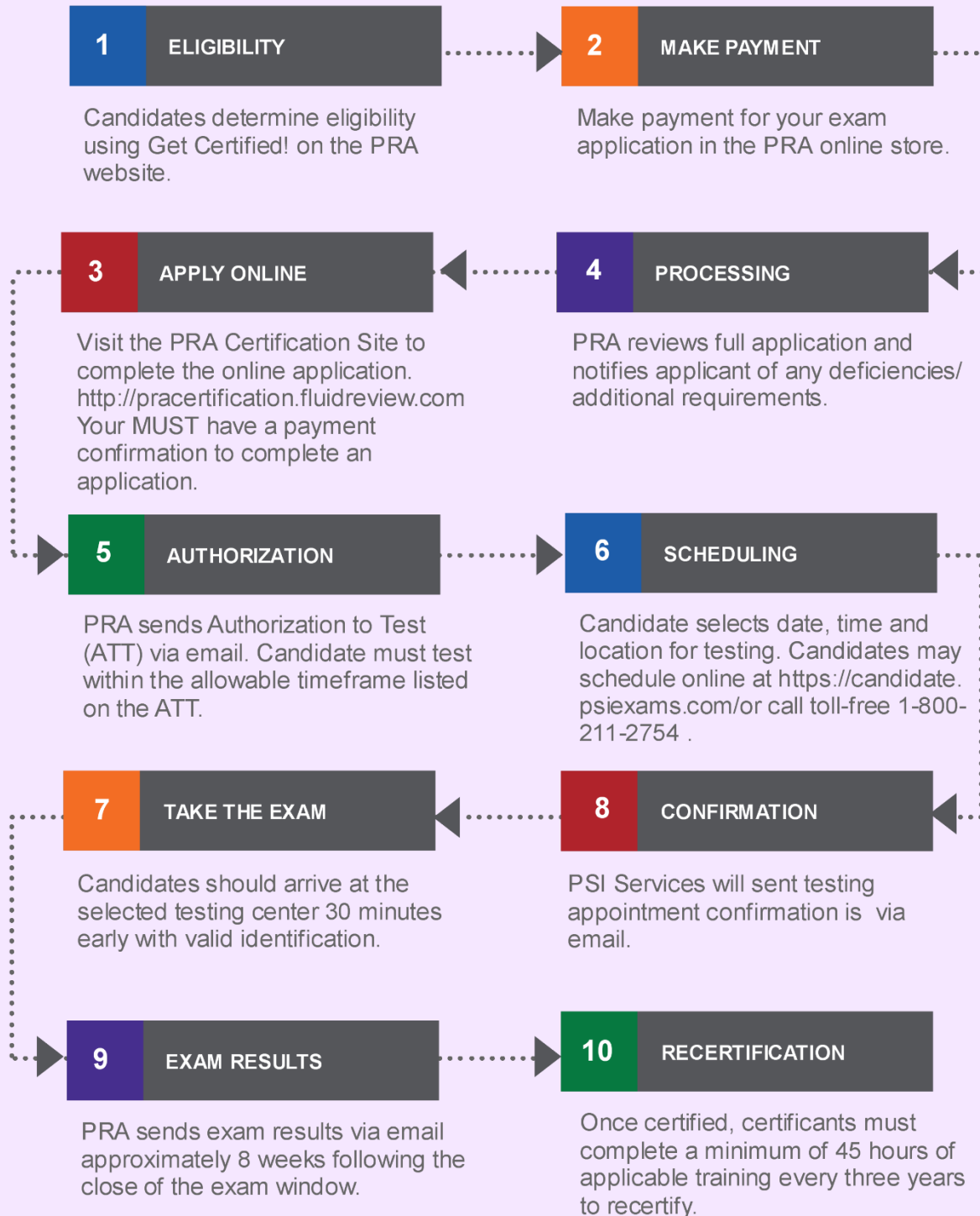
PATH WAY	ACADEMIC PREPARATION	QUALIFYING EDUCATION & TRAINING	WORK EXPERIENCE
B1	2-year degree (AA/AS)	45 contact hours of CE/T in Children's Psych Rehab/Mental Health	2 years FTE (4000 hours)
B2	4-year degree (BA/BS)	45 contact hours of CE/T in Children's Psych Rehab/Mental Health	1 year FTE (2000 hours)
B3	Graduate degree (MA/MS, PhD, MD, JD, etc....)	45 contact hours of CE/T in Children's Psych Rehab/Mental Health	6 months FTE (1000 hours)

Pathway C: Candidates with ACADEMIC preparation in an UNRELATED field

PATH WAY	ACADEMIC PREPARATION	QUALIFYING EDUCATION & TRAINING	WORK EXPERIENCE
C1	2-year degree (AA/AS)	45 contact hours of CE/T in Children's Psych Rehab/Mental Health	2 years FTE (4000 hours)
C2	4-year degree or higher (BA/BS, MA/MS, PhD, MD, JD, etc....)	45 contact hours of CE/T in Children's Psych Rehab/Mental Health	1 year FTE (2000 hours)

For details on related fields visit the PRA website at www.psychrehabassociation.org

The Application Process: A flow Chart



Exam Dates & Application Deadlines

Each of PRA's certification examinations is offered in two-week testing windows. Candidates are able to select the date and time of their examination at any of the available testing centers during the approved testing window.

Exams are traditionally offered second, third and fourth quarters of each calendar year, in **April, July** and **November** respectively.

Although applications are accepted and reviewed on a rolling basis, three application deadline dates are set for each administration: (1) the final date that online applications and fees will be accepted for a given administration; (2) the final date that supplemental materials will be accepted; and (3) the final submission date for retake candidates.

EXAMPLE TESTING WINDOW

[Actual test dates and application deadlines are published on the PRA website at www.psychrehabassociation.org]

Exam Period: April 9 - 23

Online Application Due: February 5

Late Applications accepted through: March 4

No initial exam applications are accepted after online application and fee due date. Eligible candidates who are not successful in passing the prior administration, may submit applications to retest through the retake deadline.

Supplemental materials, including official transcripts of education, employment verification forms, and continuing education and training logs must be submitted by the published Supplemental Materials Due Date.

Materials submitted after this date will cause a delay in application processing and candidate's application will be transferred to the next available testing period.

Documentation Requirements

OFFICIAL TRANSCRIPT (or verification) of education to must be from an accredited academic institution must bear an official seal and/or signature. If the degree/diploma was granted under a previously used name, provide this information at the time of application. Applicants may (preferred method) scan and upload to your application or e-mail transcripts to certs@psychrehabassociation.org. Electronic copies sent directly from the academic institution will also be accepted. PRA does NOT require a paper copy.

OFFICIAL VERIFICATION OF PEER SPECIALIST CERTIFICATION [specific to CPRP certification ONLY]. A qualifying Certified Peer Specialist (CPS) credential is defined as a certificate/certification program containing 45 or more hours of training directly related to the seven practice domains of psychiatric rehabilitation as outlined on the CPRP exam blueprint. If the CPS does not include a minimum of 45 training hours that relate to the seven practice domains of psychiatric rehabilitation, additional training in the psych rehab practice domains is required. Applicants are required to complete an online form providing and email address for the certifying organization such that verification of certification may be obtained. The certifying board will receive and email and must take action to the information provided in the application. The verification process is conducted online. **There is no paper form to submit**

EMPLOYMENT VERIFICATION FORM (EV) is completed online as a part of the application process. Applicants must provide an email address for their employer or internship supervisor. The employer/supervisor will receive an email and must take action to the information provided in the application. The verification process is conducted online. **There is no paper form to submit.**

PRA CONTINUING EDUCATION TRAINING. Nearly all candidates are required to complete and report 45 hours of applicable trainings. All training must address psychiatric rehabilitation/resiliency for the appropriate population and must be directly related to one or more of the practice domains associated with the exam for which you are applying. This includes topics on direct care, vocational or life skills training, crisis intervention, treatment modalities, medications, diversity, ethical/legal issues, etc. Psychiatric Rehabilitation Training/Continuing Education is required for nearly all applicants (see pathways chart for details). *Required experience, education, and training must be accumulated prior to submission of your application and all psychiatric rehabilitation training/continuing education must be directly applicable to the practice domains explained on the CPRP or CFRP Exam Blue Print.* **PLEASE NOTE: When calculating training hours, 1 contact hour is equivalent to 60 minutes of training.**

Signature and Verification

Submission of a PRA Exam Application means that you understand that, in order to evaluate your application, the Commission will verify education, employment and professional licenses. Submission also indicates your agreement to cooperate in any such review and allow others to provide information regarding your abilities and education.

You acknowledge and agree to abide by all applicable Commission policies and procedures, including the consequences of noncompliance and affirm that the information included in your application is true and correct. You understand that if information is found to be misleading or untruthful, your application may be denied, certification may be refused or revoked and you may be barred from further pursuit of any PRA credential.

You acknowledge that the PRA certification exam is a secure and confidential test instrument and that people taking the exam may not discuss, describe or otherwise reveal the contents of the exam and that sharing or discussing test items reduces the value of the certification by compromising the validity of the test.

You agree that unless you otherwise specify in writing to PRA, your contact information, including name, mailing address and email may be provided to state and local chapters/affiliates of PRA to provide you with information on upcoming events that may benefit my professional development.

You understand that PRA and the Commission will maintain a directory of certified practitioners that will include your name, city, state/province and phone number (all contact information will be related to your place of employment).

Discrepancy Notifications

It is solely your responsibility to ensure that PRA receives all required information to complete your application. If your application is incomplete, a representative of PRA will, as a courtesy, notify you via

email informing you of any documentation that is needed to complete your application.

PRA will maintain incomplete applications for a period of one year. After that time, **the application will be cancelled and the fees forfeited.**

Applicants are encouraged to review the status of their application throughout the application process by logging into their account.

The authorization to test will include a personal Eligibility ID number as well as instructions on selecting a testing site and scheduling the exam.

Authorization to Test

PLEASE ALLOW 2 - 4 WEEKS FROM SUBMISSION OF SUPPLEMENTAL MATERIALS FOR REVIEW. Applicants may login to the PRA website to view the status of their application throughout the application process. **Upon approval, applicants will receive a notice of application approval, followed by an Authorization to Test (ATT).** These notices will be sent by email to the email address associated with your application. This ATT will be sent as an Adobe PDF document via email to the address provided at the time of application.

The ATT will include information that you will need to register for the exam date and exam site of your choice.

Be certain to review your ATT for accuracy. Your name **MUST** match the name on your government issued identification that you will bring to

the testing center. Check the status of your ATT by logging into your account.

If you are unable to test within the period allotted on your NTS, you will be required to reapply as a new applicant subject to all application and fee requirements in place at that time. Fees are non-transferrable and non-refundable. It is best to plan your time carefully and be prepared to test during the testing window for which you applied. PRA cannot extend the expiration date of an ATT.

Scheduling your Exam

PRA examinations are administered only during approved testing periods. See the PRA website at www.psychrehabassociation for specific dates. PRA exams will be available at PSI Service testing centers across the United States and around the globe.

TEST CENTER LOCATIONS. To locate a testing center visit <https://candidate.psiexams.com/>, click Certification/Professional Associations and then choose Test Centers (on the left side of the screen). Once you are approved to test and receive your ATT via your email, you will use that information to register for the exam date and exam site of your choice.

CHECK THE ACCURACY OF YOUR NAME. The same version of your name must appear on your initial registration with PRA, the ATT, and on the official identification (ID) you present at the testing center. If your name on this notice is not correct, please contact PRA immediately.

We recommend that you schedule your examination as soon as you receive your ATT so that you have the best opportunity to get your preferred date

and location for testing. Use the online scheduler at <https://candidate.psiexams.com/> or call the Customer Service Call Center at 1-800-211-2754 (toll free) Eastern Time. Please wait 24 hours after receipt of your ATT before scheduling.

SCHEDULING CONFIRMATION. After you schedule your examination you will receive a registration confirmation notice with specific information from PSI Services, LLC via email about the date, time and location of the test you are registered to take. The information will include directions to the test site and reporting time. You should bring your registration confirmation notice with you to the test center.

TO RESCHEDULE OR POSTPONE A TEST APPOINTMENT. You may reschedule or postpone at <https://candidate.psiexams.com/> or by contacting the PSI Customer Service Call Center at 1-800-211-2754. You may not be able to reschedule or postpone within one business day of your appointment. Additional fees may be assessed by PSI for any scheduling changes.

Testing Accomodations

PRA complies with the Americans with Disabilities Act of 1990 (ADA) and will accommodate requests, from qualified candidates with a diagnosed disability, for accommodations to take either the Certified Psychiatric Rehabilitation Practitioner (CPRP) or Child and Family Resiliency Practitioner (CFRP) certification exam if the request is reasonable, properly documented and does not fundamentally alter the examination or jeopardize exam security. Accommodations will be grated for candidates outside the United States following the same guidelines as outlined in the ADA.

The Special Accommodations Request Form is available at www.psychrehabassociation.org. Please review the form for details on how to request special testing accommodations.

Individuals who wish to request special accommodations must notify the PRA at the time of submitting their application. If you require accommodations in the application process itself, contact PRA for assistance. There are no additional fees assessed to the exam candidate for special testing accommodations. Candidates may request the same or different accommodations when retaking the examination.

Candidates who have been granted special testing accommodations will receive an approval letter. You must sign and return the approval letter to PRA, accepting the accommodations granted, in order to receive your Authorization to Test (ATT). You must bring the special accommodations approval letter to the test site and present it at check-in. Accommodations cannot be requested or amended on the day of the exam.

Fraud and Cheating

In the event of a fraudulent application, submission of fraudulent documents, introduction of fraud at any point in the application process, or cheating on any PRA examination, PRA reserves the right to confiscate all fees to offset any administrative or legal costs associated with the investigation and/or adjudication of the case.

Exam Fees

Applicants are encouraged to pay all exam fees online using a major credit or debit card. All fees must be paid in US dollars. If you need to pay by check or money order, please contact PRA at certs@psychrehabassociation.org for pre-approval. Checks and money orders should be made payable to the Psychiatric Rehabilitation Association. PRA offers significant pricing discounts for its members. For information on membership visit www.psychrehabassociation.org.

Certified Psychiatric Rehabilitation Practitioner (CPRP) 2016 Exam Fees

Initial Exam Application	Retake Application
PRA Members: \$395	PRA Members: \$365
PSR/RPS Canada Members: \$395	PSR/RPS Canada Members: \$365
Non-Members: \$515	Non-Members: \$485

Child and Family Resiliency Practitioner (CFRP) 2016 Exam Fees

Initial Exam Application	Retake Application
PRA Members: \$395	PRA Members: \$365
PSR/RPS Canada Members: \$395	PSR/RPS Canada Members: \$365
Non-Members: \$515	Non-Members: \$485

All fees related to PRA examinations are non-transferrable and non-refundable. Once an application has been made, the application and attached testing approval belong solely to the applicant.

Applications submitted bas posted application deadlines are subject to late fees. Fees are subject to change without notice.

Exam Day

CONFIDENTIALITY AND EXAM SECURITY. PRA and the Commission require you to maintain the confidentiality and security of the test questions on their exams. All those who take PRA exams are required to acknowledge that they understand and agree to the following:

- The examination is the exclusive property of the Psychiatric Rehabilitation Association
- The PRA examinations and the items contained therein are protected by United States copyright law.
- No part of an examination may be copied, reproduced or transmitted to any other person in part or in whole by any means whatsoever, including memorization.
- The theft or attempted theft of an examination, in whole or in part, is punishable as a felony.

Your participation in any irregularity occurring during the examination, such as giving or obtaining unauthorized information or aid, as evidenced by observation or subsequent statistical analysis, or any other examination irregularity, including but not limited to the failure to report any information about any irregularity or any suspected cheating, may be sufficient cause for the Commission on behalf of PRA, at its sole discretion, to terminate your participation, invalidate the results of your examination, seek monetary compensation, or take other appropriate action.

Candidates who cheat or attempt to cheat on the examination, or who otherwise breach PRA's security policies and procedures, will have their exam scores invalidated, will forfeit all fees, be barred from reapplying to take any of the PRA examinations and may be subject to legal action.

TEST CENTER ARRIVAL AND CHECK-IN. Arrive at the test center at least 30 minutes before your appointment. A digital photo will be taken as part of the check-in procedures. Late arrivals may not be able to take the examination.

Be aware that you have limited time to read and respond to the introductory screens. While there is adequate time to review the screens and respond, there is NOT enough time to leave the testing room or do anything other than proceed to the exam.

All candidates must sign in at the test site before the exam can begin. A digital photograph and biometric security procedures such as palm vein recognition may be employed as part of the check-in procedures.

Candidates are not permitted to leave the building during the examination.

LATE ARRIVAL. You must arrive by the report time on your schedule confirmation notice or you will not be admitted to the test site. All fees will be forfeited.

MISSED EXAMS/NO-SHOWS. PRA is liable for all associated test delivery costs for an applicant, whether the applicant tests or not. If you do not appear for the exam for which you have scheduled, you will forfeit all fees. If you wish to test at a later date, you will be required to reapply and pay the full application fee again.

REQUIRED IDENTIFICATION. Take identification (ID) to the test center. You will not be allowed to take the exam if you do not have acceptable ID with you!

You must bring ONE valid (not expired) form of PHOTO identification to the test center. The same version of your name must appear on your initial registration and on the identification you present at the test center. The identification you bring to the test center must be one of the following:

- Government issued driver's license
- Passport
- Military ID
- State/county ID
- Alien registration card (green card or Credit Card permanent resident visa)
- Other government-issued ID

NOTE: a temporary driver's license, a learner's permit or an expired driver's license with renewal paperwork is NOT acceptable.

If the test center staff has questions about the identification presented, you may be asked for additional proof of identity. You may be refused to access to an examination for that session if the staff believes that you have not proven your identity. Admittance to the test center and examination does not imply that your identification is valid or that your scores could not be invalidated if subsequent investigations reveal impersonation or forgery. If you are refused access to the testing center for ANY reason, you will forfeit all fees. If you wish to test at a later date, you will be required to reapply and pay the full application fee again.

WEATHER. In the event of inclement weather or unforeseen emergencies, PSI Services will determine whether circumstances warrant the closure of a particular test center.

- The examination will not be rescheduled if the supervisor is able to open the test location. You may contact the Customer Service Call Center at 1-800-211-2754 (toll free) to determine if your test site is closed.
- If an examination is cancelled, candidates scheduled for that site will be contacted by PSI Services, Inc. to reschedule another exam date. You will not incur any additional exam fees if your test is cancelled by Prometric for any reason.
- PRA is not responsible for any personal expenses (e.g., travel, food, accommodation) incurred for an exam administration that is cancelled due to inclement weather or unforeseen emergencies.

PROCTORS. Proctors will assist you with the check-in process at the testing center and will observe examinations in progress. Proctors can review test site protocol and procedures but cannot answer questions about exam content. Proctors monitor breaks and require you to provide biometric verification if you need to leave the room during the examination.

PROHIBITED ITEMS. No items can be taken into the testing room. Prohibited items include but are not limited to:

Paper and printed materials including books, newspapers, magazines, notebooks, study guides, outlines, dictionaries, organizer/day planners, notes in any written form or blank paper

- Office/School supplies of any kind including pens, pencils, erasers, ruler/slide ruler

- Containers of any kind including briefcases, handbags, backpacks, hip packs, plastic or paper bags
- Electronic devices of any kind including calculators, personal digital assistants, cameras, photographic or scanning devices, cellular phones, radio/transmitter/receivers, computers, tape/disk recorders or players, pagers or beepers
- Personal wear and items including pendant necklaces, large earrings, watches, hats or visors (except head coverings for religious reasons), non-prescription glasses or sunglasses, eyeglass cases, umbrellas, headsets or audio earmuffs (unless provided by the test center) or weapons of any kind.

Lockers are provided at the test center to store a small number of personal belongings. It is the candidate's responsibility to surrender all items voluntarily, prior to testing. Any persons possessing prohibited items in the examination room will not be allowed to continue their examination, will forfeit all fees, and may have examination scores invalidated.

TRANSLATORS. Translators are not permitted at any test site, including print, electronic or in person. Testing center proctors and staff are prohibited from acting as translators at any point in the testing experience.

CLOTHING. Candidates are advised to dress comfortably for various temperature conditions at the test center.

TEST LENGTH AND TIME ALLOWED. Candidates taking the Certified Psychiatric Rehabilitation Practitioner (CPRP) exam have three (3) hours to complete a 150-item multiple-choice examination on computer.

Candidates taking the Child and Family Resiliency Practitioner (CFRP) exam have two (2) hours to complete a 100-item multiple-choice examination on computer.

Of this time, a maximum of five minutes is allotted to the security and confidentiality agreement and five minutes to a brief survey.

Be aware that you have limited time to read and respond to the introductory screens. While there is adequate time to read and respond, there is not enough time to leave the testing room or do anything other than proceed to the exam.

Proctors at the test site will instruct you on what to do if you finish the exam before the allotted time has passed.

UNSCHEDULED BREAKS. Unscheduled breaks during exams are taken on your own time. In other words, the clock does not stop if you take a break during an exam to eat or use the restroom. Plan your exam time carefully.

GUESSING. If you are not sure of the correct answer on an examination, it is to your benefit to make an informed guess. A passing result is based on the number and difficulty of questions you answer correctly.

HOW MANY TIMES CAN I TAKE A PRA EXAM? The Commission does not limit the number of times a candidate may apply to take an exam. The Commission allows candidates who have failed an exam to retake the exam ONE time within the the allowable testing period (indicated on the Authroization to Test). To retest, you must submit the online retake application and submit the applicable retake fee.

EXAM ADMINISTRATION CONDITIONS. Should you experience any environmental difficulties during the administration of the examination (too hot, too cold, too noisy, testing accommodations issues, etc.), you are obligated to tell a proctor about your concern at the time you are experiencing the concern. Concerns not resolved at the test site should be submitted in writing to PRA. If you have any concerns that need to be reported to PRA they must be submitted to PRA within five days of your examination date.

Exam Development

SCOPE OF THE EXAM. Examination questions are designed to allow candidates to demonstrate their knowledge of facts and use of judgment. There are no trick or ambiguous questions.

Given the diversity of the Psychiatric Rehabilitation field there may be a small number of questions outside the training of every individual. This will vary from person to person depending on one's training. The number of these questions, however, is not enough to pose a barrier to passing a PRA exam. Qualified candidates who are adequately prepared should pass the examination

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questions, however, is not enough to pose a barrier to passing the exam. Qualified candidates who are adequately prepared should pass their exam.

DEVELOPMENT OF THE EXAMS. PRA examinations are developed in stages. In the first stage, a job analysis is outlined by a panel of expert practitioners from many traditions and schools of thought in the field of Psychiatric Rehabilitation, Recovery and Resiliency. These outlines describe the functions of a practitioner and the knowledge needed to perform those functions. Since Psychiatric Rehabilitation is such a diverse field and is practiced in a variety of ways, the Commission takes great care to involve groups of educators and practitioners who are broadly representative of the field as it is practiced around the world.

The job analysis is then validated by surveying practitioners around the world. Several thousand practitioners are invited to participate in the job analysis surveys. The exam content outlines are created from the results of these surveys.

The second, on-going stage of development involves other representative groups of practitioners from around the world who work with the Commission to write questions based on the exam content outline. These new questions are reviewed by a committee of subject matter experts and are edited to ensure that they are clearly written and that there is only one correct answer to each question.

In developing our examinations, every effort is made to respect and include a broad spectrum of topics in the field as practiced around the world. Reviews of the field will be undertaken periodically to ensure that the examinations remains relevant to current evidence-based practice standards.

COMMITMENT TO A FAIR, VALID AND RELIABLE EXAMINATION. PRA contracts with Meaningful Measurement for the ongoing development, psychometric analysis and scoring of its exams.

EXAM DELIVERY. Like more than 65 other leading healthcare organizations, PRA has contracted with PSI, Inc. to administer its exams. PSI offers PRA exam candidates access secure testing centers world-wide, making the PRA exams accessible for candidate around the globe.

Exam Scores

Exam Results. Examination results are reported as PASS or FAIL to indicate whether or not a candidate has demonstrated the knowledge required to meet standards of competence as defined by the profession.

Candidates will receive their official Score Report by email approximately eight weeks following the close of the exam window.

DETERMNING THE PASSING SCORE. Passing scores are determined through the modified Angoff process, a statistical procedure for establishing the minimum pass level using the judgment of experts. Through this process, the score required to pass is established. This score is then set to equal the identified scaled score for each exam. A scaled score is not a percentage score.

CRITERION-REFERENCED SCORING. The passing standard for the PRA examinations are set by the Commission using a recommendation from a panel of subject matter experts under the direction of professionals in testing and psychometrics. The criteria define the minimum acceptable level of competence required for the practice of psychiatric rehabilitation. The

passing standards are determined by a criterion-referenced method, which is commonly used in certification examinations. A criterion-referenced passing score applies minimum standards for competent practice to all candidates.

Criterion-referenced standard setting begins with the establishment of a minimum acceptable level of competence that candidates must possess in order to pass the examination. The standard setting is a group process. The group is comprised of licensed practitioners representing various aspects of the practice, geographic areas, and levels of expertise. To ensure that the description of the profession represents the job tasks of practitioners entering the profession, input from entry-level practitioners is always included. Criterion-referenced scoring provides safeguards to both the candidate and the consumer.

PASSING SCORES. When you pass a PRA examination, you will receive a score report indicating that you have passed the examination. You will also be provided diagnostic information indicating your performance in each practice domain of the respective examination. These indicators on the diagnostic summary are provided to assist you in your future professional development education and training efforts.

FAILING SCORES. In the event that you fail a PRA certification examination, you will be given diagnostic information indicating your performance in each content area. The indicators on the diagnostic summary are provided to assist your future study efforts.

Retaking an Exam

To reapply to take a PRA exam, candidates must submit a retake application online and pay the applicable retake exam fee. Candidates who failed the exam may reapply; however, they must complete the retest within the allowable time frame indicated on the initial ATT.

Once PRA is in receipt of the retake application and associated fees, upon review and approval, a new ATT will be sent to you by email.

Recertification: Maintaining Certification

PRA examinations are recognized by a variety of regulatory agencies in the United States and abroad as part of their licensing and/or practice requirements. Visit the PRA website at www.psychrehabassociation.org.

Even though you may receive a passing result on a PRA examination, this does NOT mean that you are licensed. Each state/province has specific regulations regarding the practice of psychiatric rehabilitation and children's mental health.

RECERTIFICATION. The Certification Commission of Psychiatric Rehabilitation encourages recertification to:

- Sustain a workforce competent to support the needs of persons in recovery.
- Meet the goals of the behavioral healthcare field.
- Illustrate the positive impact that skilled psychiatric rehabilitation and resiliency practitioners provide.
- Encourage ongoing credentialing of behavioral healthcare practitioners.

As the profession's knowledge base continues to expand and new insights and practices develop, it's essential for CPRPs and CFRPs to maintain and enhance their expertise and knowledge:

All PRA certificants **MUST** recertify every three (3) years.

To recertify, certificants **MUST** complete and maintain documentation of a minimum of 45 contact hours of containing education/training during each three-year certification cycle. A **MINIMUM** of four (4) contact hours **MUST** be specific to ETHICS in the helping professions.

Recertification candidates are not required to provide a list of training activities, but must attest to having completed the minimum number of required training hours applicable to the population served by the respective credential; however, candidates are encouraged to log all trainings and maintain evidence of completion in the event of Recertification Audit.

Complete and submit the online Recertification Application and all applicable fees. Alternatively, recertification candidates may request recertification by re-examination. Thus, the application recertifies by successfully passing the certification examination (additional fees apply).

Applications for recertification submitted late are subject to a late fee and automatic audit of continuing education and training hours. Late submissions for recertification **MUST** include the PRA Continuing Education and Training Log at the time of application.

RECERTIFICATION AUDIT. Accuracy and upholding the integrity of your credential is of the utmost importance to the Commission. In an attempt to illustrate this commitment, approximately 10% of all recertification applicants

are randomly selected for audit and are required to produce evidence of completion of the required hours. An audit form will be provided to selected applicants, time provided for completion, and criteria for completion.

IDENTIFYING ACCEPTABLE TRAINING. Continuing education offers the opportunity to enhance knowledge, skills, and resources through conferences, in-service trainings, seminars, webcasts, or approved independent study trainings. In order to maximize the continuing educational experience, certificants should consider the following when seeking continuing educational opportunities:

- Select educators and trainers with the necessary credentials to present the information.
- Find educational programs that can fill current professional goals.
- Consider evidenced based practices, information, and management.
- Assess knowledge attained and how this knowledge will affect your practice.

Certified Psychiatric Rehabilitation Practitioner (CPRP). Training must address “the treatment and/or rehabilitation of adults with serious and persistent mental illness.” Some possible topics include direct care, vocational or life skills training, crisis intervention, treatment modalities, medications, diversity, ethical/legal issues, etc. Related topics such as infection control, dealing with medical complications, etc., are also acceptable if presented in the context of psychiatric rehabilitation practice. Trainings must be on a topic relevant to the treatment of transition-age youth (ages 16+ years) or adults.

Child and Family Resiliency Practitioner (CFRP). Training must address “resiliency services for children living with mental illness or severe emotional disturbances and their families.” Some possible topics include direct care, life skills training, crisis intervention, treatment modalities, medications, diversity, ethical/legal issues, etc. Related topics such as infection control, dealing with medical complications, etc., are also acceptable if presented in the context of psychiatric rehabilitation and resiliency practice. Trainings must be on a topic relevant to the treatment of children (under age 18).

Instruction on the use of treatment modalities in opposition to a recovery-based philosophy may not be used to fulfill the 45 hour requirement (e.g., use of restraints, involuntary commitment, forced medication, etc.). For suggested training topics or a list of unacceptable topics, visit the PRA website at www.psychrehabassociation.org.

CALCULATING CONTACT HOURS. One (1) contact hour is equivalent to 60 minutes of instructional time, exclusive of breaks, lunches or homework time.

CREDIT FOR TRAINING PROVIDED FOR OTHERS IN THE FIELD

- Sole presenter of an activity: Earns twice the contact hours for attendance.
- Co-presenter and were actively involved for the entire presentation: Earns twice the contact hours for attendance.
- Co-presenter with responsibility for a specific portion of the presentation (e.g., a one-hour module of a full-day seminar): Earns twice the clock hours presented. Attendance at the remainder of the session may be counted as regular attendance time.
- Presentations of the same title and content may be documented only once during a three-year re-certification period.

CREDIT FOR ARTICLES, CHAPTERS AND BOOKS ABOUT PSYCHIATRIC REHABILITATION. An article in a professional journal or a chapter in a published book may count as ten hours of training, but may not be used until the article or chapter is published. Book reviews or short articles in nonprofessional journals are not considered for continuing education. The first page of the publication must be included with the recertification application. Writing or editing of a published book on psychiatric rehabilitation, earns up to 30 hours of continuing education. The first page of the publication must be included with the recertification application.

NOTE: A minimum of 50% of the required hours must be earned through attendance or completion of approved trainings (live or online), exclusive of any presentations, publications or other approved activities. If you participated in the same training more than once, count **ONLY** the initial presentation. Repeat presentations will **NOT** be accepted.

CPRP Exam Blueprint

Effective June 1, 2014 - This blueprint gives you an indication of the breadth of information you need to know in order to be successful in completion of the Certified Psychiatric Rehabilitation Practitioner examination. Included in the blueprint are the seven performance domains that have been identified through various Job Analysis Studies conducted by the Certification Commission for Psychiatric Rehabilitation. Within each domain, the core areas of knowledge and skills needed to demonstrate competence in practice are identified. Practitioners will be assessed in these areas on the examination.

DOMAIN I. (19-21%) INTERPERSONAL COMPETENCIES

- Task A.** Communicate with persons in recovery in their preferred method of communication (e.g., face-to-face, phone, email, text or social media) in order to develop a collaborative relationship.
- Task B.** Use collaborative relationships, including peer groups and family, in order to facilitate personal changes.
- Task C.** Instill hope by engaging in positive interactions (verbal and non-verbal communication) regarding an individual's potential for recovery.
- Task D.** Facilitate groups in order to engage individuals in a wide range of activities.
- Task E.** Consider cultural factors when partnering with individuals, recognize the impact of one's own views, values, and culturally learned assumptions while working with individuals.
- Task F.** Engage and establish trust with individuals by exploring their personal interests, hopes, and dreams.

DOMAIN II. (12-14%)
PROFESSIONAL ROLE

- Task A.** Acquire knowledge and skills in order to provide services that are evidence-based and emerging best practices and consistent with PRA Practice Guidelines.
- Task B.** Conduct all professional activities in compliance with the Psychiatric Rehabilitation Practitioner Code of Ethics and applicable laws and regulations.
- Task C.** Facilitate informed decision making by individuals by communicating information about laws and regulations affecting their rehabilitation and recovery.
- Task D.** Promote individual choice for individuals to help them achieve their goals.
- Task E.** Facilitate practical and meaningful activities for individuals to live, learn, work and socialize in the environments of their choice.
- Task F.** Teach, support, and encourage individuals to advocate for themselves to further their own recovery.
- Task G.** Promote the effectiveness of psychiatric rehabilitation with colleagues, agencies providing services and service delivery systems.
- Task H.** Maintain personal wellness to ensure the effective provision of services to others.
- Task I.** Take intentional personal action to support the recovery of individuals.
- Task J.** Seek input and feedback from stakeholders in order to determine ways of improving services.
- Task K.** Recognize one's own role during conflict in order to facilitate resolution.
- Task L.** Utilize developmentally appropriate skills and interventions to support the recovery of individuals.

DOMAIN III. (11-13%)
COMMUNITY INTEGRATION

- Task A.** Develop linkages with a wide range of community resources specific to meet the needs and goals of individuals.
- Task B.** Link individuals to appropriate entitlement and benefit programs.
- Task C.** Integrate community resources and entitlement programs into assessment, planning, and outcomes.
- Task D.** Maximize the use of natural supports within the neighborhood and community.
- Task E.** Challenge situations in the community that discriminate against persons living with severe mental illnesses.
- Task F.** Connect individuals to legal and advocacy resources as needed and/or requested in order to promote self-advocacy.
- Task G.** Provide information on alternatives and complementary supports to traditional psychiatric treatment.
- Task H.** Develop community resources to meet the needs of individuals receiving services.

DOMAIN IV. (17-19%)
ASSESSMENT, PLANNING, AND OUTCOMES

- Task A.** Assist individuals in identifying personal priorities, preferences, strengths, and interests in order to help them establish goals that are consistent with their worldview.
- Task B.** Perform assessments across multiple life domains in order to identify strengths, supports, and barriers.
- Task C.** Collaborate with individuals to help them identify their personal preferences for dealing with crises.

- Task D.** Collaborate with individuals to establish goals with specific, measurable, time-framed action steps in order to develop effective rehabilitation plans.
- Task E.** Educate individuals on service options in order for them to choose the appropriate types and levels of service and/or community supports.
- Task F.** Identify, assess and plan opportunities that empower individuals to transition from professional provider services to natural community supports.
- Task G.** Regularly evaluate and modify the rehabilitation plan with the service recipient based on his/her progress toward rehabilitation plan goal(s).
- Task H.** Use assessment and planning techniques that support inclusion of individuals from diverse backgrounds that comprise the demographics of the community where services are provided.

DOMAIN V. (14-16%)
STRATEGIES FOR FACILITATING RECOVERY

- Task A.** Utilize a variety of alternative approaches to engage individuals.
- Task B.** Facilitate and encourage skill building, self-discovery, and learning across all life domains to assist individuals in achieving their goals.
- Task C.** Assist individuals in identifying and developing strategies for relapse prevention for mental and physical health.
- Task D.** Use individualized outreach techniques in order to engage individuals in interventions.
- Task E.** Employ crisis intervention strategies as needed.
- Task F.** Assist individuals in modifying their living, learning, working, and social environments to enhance recovery.

- Task G.** Use motivational enhancement and readiness development strategies to initiate and/or sustain the recovery process.
- Task H.** Educate and/or provide access to education on issues related to psychiatric disabilities wellness and recovery.
- Task I.** Provide best-practice approaches to services, including evidenced-based practices, which help persons receiving psychiatric rehabilitation services achieve their goals.
- Task J.** Promote the integration and inclusion of all individuals in social, civic, and community activities that will help them achieve their goals.

DOMAIN VI. (9-11%)
SYSTEMS COMPETENCIES

- Task A.** Combat stigma, oppression, discrimination, and prejudice in all forms, directed against persons living with severe mental illnesses.
- Task B.** Advocate for improved access, inclusion and integration with public services and resources and integration to facilitate an individual's recovery, improved quality of life and full community integration.
- Task C.** Advocate for system changes to make services responsive to the needs of persons receiving psychiatric rehabilitation services.
- Task D.** Assist individuals in their use of other service systems to meet their personal goals.
- Task E.** Encourage and support the development of peer services and leaders among persons receiving psychiatric rehabilitation services.
- Task F.** Advocate for effective services that are welcoming to persons from all cultural backgrounds.
- Task G.** Advocate for service utilization consistent with community demographics.

DOMAIN VII. (11-13%)
SUPPORTING HEALTH & WELLNESS

- Task A.** Assist individuals in identifying and accessing specialized services.
- Task B.** Assist individuals in identifying and developing strategies for improving various dimensions of wellness.
- Task C.** Support individuals in developing the knowledge, skills, and attitudes necessary to maintain his or her health and wellness.
- Task D.** Promote the importance of mind, body and spirit connections, the need for satisfactions and valued purposes, and a view of wellness as more than non-illness.
- Task E.** Assist individuals in developing and sustaining a wellness lifestyle.

CPRP Knowledge, Skills and Abilities

The competencies of a psychiatric rehabilitation practitioner are based on research conducted through job task analysis studies of individuals currently working in the field. These studies are conducted regularly to ensure current practices are reflected in the exam. All items included on the exam reference published study materials.

This document is to be used as a guide to understanding the knowledge, skills and abilities that a practitioner must have in order to perform the various tasks associated with each of the competency areas noted above and to be successful on the CPRP examination.

Knowledge, Skills, and Abilities (KSAs): The attributes required to perform a job demonstrated through qualifying service, education, or training.

Knowledge: Is a body of information applied directly to the performance of a function.

Skill: Is an observable competence to perform a learned psychomotor act.

Ability: Is competence to perform an observable behavior or a behavior that results in an observable product.

A CPRP must have knowledge of the following:

Fundamentals of Psych Rehab

- The Core Principles of Psychiatric Rehabilitation; USPRA Practice Guidelines; USPRA Practitioner Code of Ethics; the definition of recovery; recovery and the recovery process; the range of interventions to enhance goal achievement and the possible courses of recovery
- Literature relevant to psychiatric rehabilitation and recovery and sources of relevant research findings

- Rehabilitation and treatment choices; evidence-based practices and emerging practices and available specialty services (trauma informed care, substance abuse, dialectical behavior therapy physical healthcare, etc.)
- Best practice interventions that have been replicated and reported in peer reviewed literature (i.e., medication, supported employment, family's psycho education, assertive community treatment, integrated dual disorder treatment, illness management and recovery)
- The definition of goals and the elements of a goal statement; range of goals and the goal setting process; the need to assess goals; the rationale for flexibility in setting the intensity of services and levels of services; the relationship between choice and individual outcomes
- Range of available assessment methods and interventions; the importance of immediate assessment and planning of goals; needs assessment techniques; functional and resource assessment; readiness assessment and readiness development; strengths-based assessment techniques; self-help approach;
- Rehabilitation readiness assessment techniques (e.g., satisfaction/dissatisfaction with current situation, current commitment to change, awareness of self/personal preferences and relationships with natural supports); and the rehabilitation process including rehabilitation goals, functional assessments, resource assessments, clinical assessments, and assessments of needed specialty services
- Components of a rehabilitation plan (mental health symptoms, mental health service needs, use of drugs and alcohol, vocational functioning, educational functioning, social functioning, interpersonal functioning, self-care and independent living, medical health, dental health, obtaining and maintaining financial assistance, obtaining and maintaining housing, using transportation, etc...)
- Skills training methods; learning styles; steps in problem-solving

Systems and Supports

- Available relevant resources, benefits and entitlement programs (e.g., housing, employment, health, rehabilitation and disability) and how to incorporate them into a recovery plan and basic eligibility requirements, regulations, application procedures, and appeals process for these program
- The relationship between community integration and recovery from serious mental illness; Community resources including those outside psychiatric rehabilitation - support systems and principles including, alternative and complementary supports available in the community and awareness of benefits and risks associated with these resources; How public and community resources are allocated and how they interact and the features of various service delivery systems and the lack of integration among these systems
- Natural support systems/natural community supports and the advantages of natural environments as places in which to learn practical living skills; The benefits of the person's use of natural community support systems and reduced dependency on the metal health system
- The efficacy and goals of support groups, peer-run self-help groups, and peer-directed service and advocacy associations peer support programs, wellness programs and emerging practice interventions (e.g., supported housing, peer run services, WRAP, and culturally based wellness programs); The benefits of peer role models and supports and peer leadership development theories and methods
- Models of supported education, supported employment, supported housing; program models used to promote role achievement in living, learning, working and social environments (housing options, vocational services, and social supports)
- The difference between rehabilitation and therapy groups; strategies for developing a group curriculum, cohesion, group leadership, and group

activities; theories of group dynamics; assisting with group selection; social learning theory, social skills training and other behavioral-based groups; and the tools to conduct a group meeting, evaluate individuals and group outcomes

- Agency functioning at different governmental levels; strengths and limitations of agencies at different governmental levels; Strengths and limitations of local treatment delivery systems
- Other mental health approaches

Wellness/Whole Health

- Dimensions of wellness (social, emotional, occupational, multicultural, environmental, spiritual, intellectual and physical); physical health/wellness strategies and healthy habits (i.e., adequate sleep and rest, productivity, exercise, participation in meaningful activity, nutrition, productivity, social contact, and supportive relationships); Holistic needs of persons and holistic assessment techniques
- Empowerment principles, theories and approaches - Motivational theory; Motivational strategies; Motivational interviewing techniques; and stages of change.

Legal and Ethical Obligations

- Ethics and helping relationships; one's worldview including values, beliefs, perceptions and culturally learned assumptions; personal definition of recovery and goals
- Governmental regulatory systems; legal client/patient rights; legal issues relevant to mental illness and its treatment; forms of discrimination in housing, employment and community and the laws and regulations in the community where you practice including confidentiality/privacy laws, regulations and policies; civil rights laws and regulations; employment discrimination/equal opportunity laws;

laws regarding accommodations; and the limitations of existing legislation, laws and regulations

- Range of strategies to counteract discrimination and how to teach people the skills to recognize and respond to discrimination
- Human rights advocacy information and activities; protection and advocacy systems; the role of national and local psychiatric rehabilitation organizations in advocacy; agency policy regarding public statements and advocacy

Etiology, Symptomatology and Management

- Distinctions between medical and rehabilitation models; available treatment/rehabilitation options; strengths model and strengths-based approaches
- The impact of various stressors and triggers that contribute to relapse and crisis; coping mechanisms for dealing with crisis (e.g., problem-solving techniques); specific interventions that de-escalate crisis and the removal of the person from stressors; stress theory; the impact of serious mental illness on behavior and signs of imminent dangerous behavior; psychiatric relapse prevention strategies; when and how to involve police or other safety personnel
- Etiology, course and biological factors of psychiatric disorders; co-occurring disorders and the interrelationship of psychiatric disorders and other medical conditions; assessment tools designed for specific sets of symptomatology; impact of specific disorders on the ability of the individual to solve problems; psychiatric, substance abuse, and physical symptoms that can often be confused;
- Basic psychotropic medication issues including therapeutic and side effects; the role of medication, its therapeutic effects, risks and side-effects; Reasons that people discontinue medications

- Procedures for access to psychiatric emergency, hospitalization, respite and diversion services; Admission criteria; formal advocacy services and the referral/intake process for them; advance directive options

The Impact of Culture and Self

- Diversity of strengths and potential goals of persons; Cognitive deficits that may require specialized interventions; treatment options which support individual strengths; Reasonable accommodations in adapting the physical and social environment
- Cultural differences in help-seeking behaviors; needs of people with psychiatric disabilities; methods to determine if and when outreach is necessary; engagement techniques; strategies to locate individuals who may need services; effects of stigma and discrimination; different outreach techniques based on need and individual preference
- Interpersonal conflict resolution techniques; negotiation and mediation principles; values clarification techniques
- Rationale for assessing individual satisfaction and the limitations of individual's self-reported satisfaction measures; Surveys, satisfaction studies, interviews and focus groups; the range of relevant stakeholders

A CPRP must be skilled in the following:

Fundamentals of Psych Rehab

- Establishing trust; Using self-disclosure appropriately; Explaining information clearly; Reassuring person that they will receive that they need; Using motivational interviewing techniques including reflecting, affirmation, rolling with resistance and developing discrepancies; Conducting values clarification exercises
- Active listening; Asking facilitative questions; Affirming and reinforcing an individual's accomplishments and fostering group acknowledgement

of accomplishments of each other; Listening to feedback from persons with psychiatric disabilities (active listening)

- Writing rehabilitation plans in understandable language; Utilizing and teaching SMART (Specific, Measurable, Action oriented/Achievable, Responsible, Time-limited) approach to goal setting; Identifying multiple pathways for achieving specific goals; Evaluate with the individual progress toward his/her personal goals; Choosing the relevant skills to improve; Setting and modifying measurable and incremental steps toward objectives and goals; Honoring person's choice or preference for all alternative plans or modified plans; Making requested changes in plans; Using feedback from persons in all steps
- Completing a resource assessment, a plan and projected outcomes; Matching individual's needs/goals with community resources; Matching the goals of persons with psychiatric disabilities with service options; Conducting follow-up of referrals to collaborative providers; Forwarding appropriate referral information and medical/rehabilitation assessments to entitlement/benefit program as per client request in a timely manner
- Assessing level of functioning stability and risk; Assisting the individual in defining problems; Identifying individual coping strategies and skills; Facilitating individual's choice of preferences for dealing with crises; Explaining problem solving steps in understandable language
- Assessing individual's relevant needs at regular intervals; Assessing changes in behavior, psychiatric symptomatology, or appearance that may be indicative of relapse; Choosing crisis intervention techniques based on the individual's needs and preferences; applying appropriate de-escalation techniques; Developing a plan for implementation of crisis stabilization services; Developing a proactive plan with the individual which specifies steps to take in a crisis; De-escalating crises;

- Assisting an individual in recognizing his/her strengths and interests to explore possible options; Assessing necessity with the individual of professional provider services;
- Assessing and developing readiness; Conducting rehabilitation readiness assessments
- Providing best-practice/emerging interventions; Providing services with flexibility; Using appropriate protocols for assessing functional, resource, clinical and specialty service needs
- Guiding, supporting and mentoring; Highlighting opportunities to learn from disappointments; Giving useful feedback on skill performance
- Providing coaching, feedback, modeling, reinforcement, reassurance and recognition of achievement; Prompting, reminding, rewarding and providing feedback; Reinforcing newly learned skills and behaviors
- Speaking on behalf of persons consistent with their wishes and interests; Explaining steps in understandable language to others who are assisting in the plan
- Teaching skills training exercises, problem solving and conflict resolution, specific communication skills
- Using methods to inform of the effect of their behaviors (personal assertion); Using direct instruction to guide client behavior; Using written or verbal communication to facilitate informed choice

Wellness/Whole Health

- Assessing the individual's concerns about psychiatric symptoms and other medical concerns
- Choosing actions which facilitate the recovery and are appropriate to the stage and goals of an individual's recovery; Assisting an individual in choosing a program model approach that fosters the person's chosen role; Assisting an individual in implementing their chosen interventions; Choosing engagement techniques and interventions based on the

individual's needs and preferences; Collaborating with the person in identifying strengths/needs for achieving success in the chosen environment; Collecting data regarding the achievement of goals

- Assisting individuals in developing wellness goals; Influence of stressors on physical and mental health; Choosing appropriate wellness activities; Wellness promotion activities (e.g., exercise, weight management, and nutrition monitoring); Seeking interventions to reduce stress and increase wellness; Linking appropriate psychiatric, substance abuse and medical services
- Persuading person to receive services and/or take medication; Supporting individuals in using advanced directive
- Educating individuals to admissions criteria; Following procedures for voluntary and involuntary hospitalization

Legal and Ethical Obligations

- Advocating for and with public resources to ensure access; for flexibility in the service systems; for individuals when inappropriately denied benefits/entitlements; and to agency management of your own organization; Assisting persons to speak on their own behalf; Connecting persons with advocacy resources; Negotiating and mediating access to benefits/entitlements; Teaching self-advocacy skills; Teaching civil rights and protection to persons so they can self-advocate
- Assessing and explaining regulations and laws regarding disability rights and discrimination; Explaining proposals for improvements in laws and regulations; Explaining limitations in existing laws and regulations to public officials; Linking with others to bring legal action; Quoting law to persons/programs in violation and advocate for change

- Assessing confidentiality issues; Communicating confidentiality regulations to staff, clients, families and others; Advising persons of their rights and strategies they can use to protect their rights
- Consulting with others who have knowledge and expertise in ethics and law; Applying ethical guidelines and resolving ethical dilemmas

Systems and Supports

- Gathering information about public and community resources; Identifying needed supports and potential barriers; Identifying stigmatizing behaviors, events, etc.; Locating appropriate informational programs for individuals; Involving persons in program development and program evaluation
- Assessing potential eligibility for entitlement and benefit programs; Communicating knowledge about benefits in the areas of housing, employment, health, rehabilitation and disability; Communicating rehabilitation choices and treatment options to persons with psychiatric disabilities; citing individual's involvement in collecting subjective and objective data for them; Providing support as needed to assist the person in obtaining entitlements and benefits, (e.g., completing forms, transportation, etc.); Applying knowledge in the areas of housing, employment health, rehabilitation and disability;
- Assessing available natural community supports; Advising persons and their natural support systems on the navigation of service systems; Accompanying person to needed services or supports; Designing opportunities for persons to practice skills of navigating systems; Explaining service systems outside psychiatric rehabilitation
- Suggesting changes for integrating services and resources; Using services and resources from diverse systems; Selecting measures of satisfaction for available services; Using cost and outcome data as an advocacy tool

- Establishing linkages with formal and informal community supports; Providing linkages with natural community support systems; Encouraging persons to use natural support systems; Facilitating connectedness to natural support systems; Facilitating activities in natural settings which are consistent with an individual's needs, interests and choices
- Arranging with the individual opportunities for skill practice; Assisting persons with psychiatric disabilities with choosing, getting and keeping jobs
- Learning and applying outreach techniques; Presenting concerns to appropriate parties and determining when outreach is needed

Professional Role

- Collaborating with natural support systems; Involving appropriate providers, healers, family members, friends, religious representative (social network); Collaborating with other advocates; Collaborating with the person as to how he/she can initiate his/her own alternative programs and to identify alternative objectives, goals, and intervention options; Designing activities in natural settings consistent with an individual's needs, interests and choices;; Meeting/communicating with families and/or significant others
- Communicating clearly with stakeholders and relevant public officials; Building relationships with key community resource personnel; Networking with community and organizational leaders
- Facilitating the development of peer support groups; Facilitating the individual's exposure to and interactions with successful peer role models; Involving peer support
- Facilitating groups; Creating opportunities to interact in a group; Preparing group activities in which individuals can learn specific skills;

Facilitating participation in social and community activities; Identifying opportunities to develop social supports; Demonstrating/modeling communication skills

- Assisting persons to identify preferences in leadership roles; Developing leadership among persons with psychiatric disabilities; Modeling leadership skills; Providing opportunities for persons to perform a variety of leadership roles; Recognizing the capacity for various levels of leadership
- Gathering, assessing and summarizing information in all knowledge areas; Interpreting and understanding applicable professional/scholarly journals; Developing workshops to present at conferences; Gathering information from professional meetings; Considering input collected in decision-making; Sharing information collected with the person to facilitate understanding; Sharing information collected with the person to facilitate understanding; Sharing relevant research with colleagues, clients and families; Utilizing material learned from in-service training; Imparting relevant information about guidelines, best practices and research at formal and informal staff meetings

The Impact of Culture and Self

- Reflecting on one's own worldview including values, beliefs, perceptions and culturally learned assumptions; Reflecting on one's own actions and emotional reactions
- Maintaining a calm demeanor; Monitoring the level of one's personal stress; Stress reduction techniques
- Observing and critiquing other programs; Partnering with persons and other stakeholders to develop needed resources in the community

CPRP Exam Reference List

The Certification Commission for Psychiatric Rehabilitation has developed a list of CPRP exam candidates Core Recommended Readings. This list is compiled for use in preparing for the CPRP examination. Each of the resources contains pertinent information for elucidation of the core disciplines outlined in the examination blueprint. These texts are highly recommended for use in preparing for the CPRP examination.

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CFRP Exam Blueprint

Effective March 1, 2015 - The exam blueprint provides an indication of the breadth of information needed for candidates to be successful in completion of the Certified Child and Family Resiliency Practitioner (CFRP) examination. Included in the blueprint are the eight performance domains that have been identified through a comprehensive Job Task Analysis Study conducted by the Certification Commission for Psychiatric Rehabilitation. Within each domain, the core areas of knowledge and skills needed to demonstrate competence in practice are identified. Practitioners will be assessed in these areas on the examination. The percentages following each domain indicate the approximate content on the exam related to that domain.

DOMAIN I. (14 - 16%) INTERPERSONAL COMPETENCIES

TASK 1. Recognize the impact of one's own views, values, and culturally learned assumptions while working with children, youth and families

TASK 2. Engage and include children and families from diverse backgrounds (e.g., socioeconomic status, race, ethnicity, gender, sex, sexual orientation, age, nationality, disability status, religion, spirituality) that comprise the demographics of the community where services are provided.

TASK 3. Communicate effectively with children, youth and caregivers in an effort to engage in a collaborative relationship.

TASK 4. Instill hope through the understanding, affirmation, and implementation of a strengths based approach to interactions (verbal and nonverbal communication) regarding an individual's potential for resiliency and wellness.

TASK 5. Use collaborative relationships in order to facilitate positive personal and systemic changes.

TASK 6. Facilitate effective collaboration of systems serving children, youth and caregivers when appropriate to needs and goals.

TASK 7. Promote peer-to-peer groups in order to provide support and validation and to engage individuals in a wide range of activities that support the development of prosocial and age appropriate skills.

TASK 8. Promote resilience, self-determination, and matching services to age and developmentally appropriate needs and goals.

DOMAIN II. (16 – 18%)
PROFESSIONAL ROLE

TASK 1. Acquire knowledge and skills in order to provide services that are evidence based and emerging best practices and consistent with PRA Practice Guidelines.

TASK 2. Conduct all professional activities in compliance with the Practitioner Code of Ethics and applicable laws and regulations.

TASK 3. Teach, encourage and support children and their families to effectively and sustainably engage systems such as education, health and welfare/child protection, juvenile justice in actions to meet their developmental and recovery needs.

TASK 4. Facilitate informed decision making by children and their families by communicating information about laws, regulations, and available service options affecting their efforts toward enhancing resiliency and achieving recovery.

TASK 5. Utilize skills and interventions to support the resiliency of children and their families in the accomplishment of valued activities in roles.

TASK 6. Facilitate practical and meaningful activities for children and their families to live, learn, and socialize in their natural environments of choice.

- TASK 7.** Recognize one’s own role during conflict in order to facilitate resolution.
- TASK 8.** Take intentional personal action to support the resiliency of children and their families
- TASK 9.** Maintain personal wellness to ensure the effective provision of services to children and their families.
- TASK 10.** Promote the effectiveness of psychiatric rehabilitation with colleagues, agencies providing services and service delivery systems.
- TASK 11.** Seek input and feedback from stakeholders, including youth and families, in order to determine ways of improving services.

DOMAIN III. (8 – 10%)
COMMUNITY INTEGRATION

- TASK 1.** Develop community resources to meet the needs of children receiving services
- TASK 2.** Develop linkages with a wide range of community resources.
- TASK 3.** Educate and link children and families to appropriate entitlement and benefit programs
- TASK 4.** Educate and connect children and families to legal and advocacy resources as needed and/or requested in order to promote self-advocacy.
- TASK 5.** Provide information on alternatives and complementary supports to traditional psychiatric treatment.
- TASK 6.** Assist children and families, and their natural support systems (e.g., family, significant others, friends, community supports), to develop the skills necessary to navigate cultural issues.
- TASK 7.** Support children and families in developing skills to engage and sustain specific resources to meet their needs and goals.

TASK 8. Integrate community resources and entitlement programs into assessment, planning, evaluation and outcomes.

TASK 9. Challenge situations in the community that discriminate against children living with severe emotional disturbances and their families.

DOMAIN IV. (14 – 16%)
ASSESSMENT, PLANNING, AND OUTCOMES

TASK 1. Assist children and families in identifying personal needs, priorities, strengths, and interests in order to help them establish goals that are consistent with their age and worldview.

TASK 2. Perform assessments across multiple life domains in order to identify needs, strengths, supports, and barriers.

TASK 3. Collaborate with children, families and teachers to help them identify their personal preferences for dealing with crises.

TASK 4. Collaborate with children, families and teachers to establish goals with specific, measurable, time framed action steps in order to develop effective rehabilitation plans.

TASK 5. Identify, assess and plan opportunities that empower children and families to transition, when appropriate and effective, from professional provider services to natural community supports.

TASK 6. Educate families on service options in order for them to choose the best options and levels of service and community supports for their child.

TASK 7. Regularly evaluate and modify the service plan with the child, family and/or Teacher based on the child's progress towards their goals.

DOMAIN V. (16 – 18%)

STRATEGIES FOR FACILITATING RESILIENCY AND RECOVERY

- TASK 1.** Acquire knowledge of and utilize various approaches to engage children and families, including evidence based practices, best practices, and culturally relevant practices.
- TASK 2.** Provide best practice approaches to services, including evidenced based practices, which help children and their families, develop skills and have confidence that allows them to thrive in their communities
- TASK 3.** Respond to cultural factors when collaborating with children and families.
- TASK 4.** Employ crisis intervention strategies as needed.
- TASK 5.** Educate and/or provide access to education on issues related to children’s development, children’s behavioral health problems, use of medications, legal issues, benefits, entitlements, wellness and resiliency
- TASK 6.** Utilize individualized outreach techniques that are culturally relevant to engage children and their families in interventions.
- TASK 7.** Assist children and families to develop and/or improve the skills, supports, and accommodations necessary to foster resiliency and achieve their goals.
- TASK 8.** Assist children and families in identifying and developing strategies that support the ongoing use of skills developed to promote mental and physical health.
- TASK 9.** Assist families in their efforts to modify their child’s learning, social and home environments to enhance the development of resiliency and growth
- TASK 10.** Use motivational techniques, enhancement and readiness development to initiate and/or sustain the development of resiliency and growth.

TASK 11. Promote the integration and inclusion of all children in meaningful social, civic, and community activities that will help them achieve their goals.

DOMAIN VI. (7 – 9%)
SYSTEMS COMPETENCIES

TASK 1. Advocate for improved access, inclusion and integration with public services and resources to facilitate a child’s growth and resiliency.

TASK 2. Advocate for cross service system changes and collaboration, to be responsive to the cultural needs of children and families receiving comprehensive community services.

TASK 3. Combat stigma, oppression, discrimination, and prejudice in all forms, directed against children and families

TASK 4. Assist families in their capacity to use other service systems to help meet their child’s goals.

TASK 5. Encourage and support the development of peer-to-peer services and leaders among children, transition-age youth, and families receiving comprehensive community services.

DOMAIN VII. (9 – 11%)
SUPPORTING HEALTH AND WELLNESS

TASK 1. Teach children and families to identify and use strategies and community resources for improving various dimensions of wellness.

TASK 2. Assist children and families in identifying and accessing specialized services (i.e., early childhood interventions, trauma informed care, health promotion and nutrition services, special education, physical healthcare, etc.).

TASK 3. Support children and families to develop and implement the knowledge, skills, and attitudes necessary to maintain health and wellness.

TASK 4. Promote the importance and development of whole health in children.

DOMAIN VIII. (8 – 10%)
TRANSITION-AGE YOUTH SERVICES

TASK 1. Understand and recognize different developmental norms for youth.

TASK 2. Recognize and understand youth culture (music, language, dress, belief structures, etc.).

TASK 3. Teach youth how to effectively interact with community resources

TASK 4. Teach, encourage and support youth to advocate for themselves

TASK 5. Facilitate skill building, goal setting, self-discovery, and learning across all life domains

TASK 6. Communicate collaboratively with family, peer-support and other stakeholders

TASK 7. Utilize developmentally informed skills and interventions to support youth.

TASK 8. Assist youth in identifying and accessing specialized services that meet their needs.

TASK 9. Engage and work with natural peer groups (e.g., friends, siblings, classmates, teammates, etc.)

TASK 10. Maximize supports and linkage for youth and families

TASK 11. Promote and empower youth in the transition from professional youth services to natural supports in the community (friends, family, etc.) and/or adult service systems.

TASK 12. Demonstrate ethical use of current technology to communicate with youth.

CFRP Reference List

The Certification Commission for Psychiatric Rehabilitation has developed a list of CFRP exam candidates Core Recommended Readings. This list is compiled for use in preparing for the CFRP examination. Each of the resources contains pertinent information for elucidation of the core disciplines outlined in the examination blueprint. These texts are highly recommended for use in preparing for the CFRP examination.

Texts and Journal Articles

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