The CPRP examination is designed for practitioners who work transition-aged youth and adults within the behavioral health system. The exam consists of 150 multiple-choice items. All items test a practitioners knowledge, skills and abilities in the following psychiatric rehabilitation competency areas:

I. Interpersonal Competencies
II. Professional Role
III. Community Integration
IV. Assessment, Planning and Outcomes
V. Strategies for Facilitating Recovery
VI. Systems Competencies
VII. Supporting Health and Wellness

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 programs
- 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 mental 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;

- 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 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