Psychiatric Rehabilitation Association

Growing and Training the Recovery Workforce

PRA Certification Candidate Handbook

CPRP
CERTIFIED PSYCHIATRIC REHABILITATION PRACTITIONER

CFRP
CHILD AND FAMILY RESILIENCY PRACTITIONER

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1 Introduction

The PRA Certification Candidate Handbook (Handbook) serves as the primary source of information for those applying to sit for a Psychiatric Rehabilitation Association (PRA) certification exam offered through the Certification Commission for Psychiatric Rehabilitation and Recovery (Commission) to become a Certified Psychiatric Rehabilitation Practitioner (CPRP) or a Certified Child and Family Resiliency Practitioner (CFRP).

The Handbook includes information you will need about exam eligibility requirements, the online application, fees/timelines/deadlines, scheduling, content, scoring, and retaking. We encourage you to periodically check the PRA website (www.psychrehabassociation.org) for any changes in PRA or Commission policies made following the publication of the Handbook. Although PRA will give candidates as much notice as possible when policies or procedures change, it is the responsibility of candidates to ensure they are fully informed on current requirements and policies, in particular regarding exam eligibility, fees, and application dates/deadlines.

The Handbook may be modified, amended, or canceled by PRA at any time, without notice.

This edition of the Handbook replaces all previous editions as well as all prior oral, written, or electronic representations of the content provided herein.

Defining Psychiatric Rehabilitation

Psychiatric rehabilitation promotes recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Psychiatric rehabilitation services are collaborative, person-directed and individualized. These services are an essential element of the health care and human services spectrum that are evidence-based and represent best practices that promote recovery. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.

About PRA

Founded In 1975, 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 over 8,000 psychiatric rehabilitation professionals across multiple fields.

Our Mission

- Advocate for ethical and effective resiliency, wellness and recovery-oriented services and supports.
- Improve the qualifications of our workforce through the highest standards of certification and professional education to ensure that children and adults with behavioral health concerns thrive in their roles and communities as full citizens of their communities.

Our Vision

PRA envisions a world where children and adults living with behavioral health conditions thrive and find purpose and meaning in their chosen communities.

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.

Our Organization

Certification Commission for Psychiatric Rehabilitation and Recovery

The Certification Commission for Psychiatric Rehabilitation 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.

Psychiatric Rehabilitation Foundation (PRF)

Promoting wellness and recovery through research, education, and training is at the heart of Psychiatric Rehabilitation Foundation (PRF), the charitable 501(c)3 arm of PRA. PRF works tirelessly to ensure that mental health professionals are at the forefront with innovative solutions addressing the challenges of today and the future, improving outcomes and extending the impact of their services. PRF provides training and continuing education opportunities and supports the development of scholarship, research, grant, and public outreach programs.

Academy of Psychiatric Rehabilitation and Recovery

PRF offers training through the Academy of Psychiatric Rehabilitation and Recovery (Academy), growing and training the recovery workforce by providing trusted, vetted, and important opportunities for lifelong learning regarding the practice of psychiatric rehabilitation, as well as management and leadership skills. Academy offerings are offered for all levels of knowledge and experience, from entry-level staff and future leaders to seasoned practitioners and CEOs. Academy faculty are leading experts in psychiatric rehabilitation, providing the recovery workforce with positive learning experiences through exceptional content and delivery methods.

With a learner-centered philosophy, the Academy has standardized instructional design to strengthen learning, promote best practices, and build consistency regardless of the presenting faculty. 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.

Further references to PRA in this Handbook are intended to encompass the broad organization, which includes PRA, the Commission, PRF, and the Academy.

4 Candidate Communications & Information

Throughout the application and exam process, PRA and affiliates will need to keep in touch with candidates. To ensure delivery of important information about applications or professional updates, it is essential that candidates maintain an up-to-date profile on the PRA website, including home and work email, phone numbers, and mailing addresses.

Contacting PRA

For certification related questions or assistance with membership renewals, purchases/payments, login/password assistance, or other general information, contact info@psychrehabassociation.org**.** *Please add our email address to your approved contacts in your email account. This is critical to ensure you do not miss any communications*.

Candidate Information: Privacy

PRA is committed to maintaining the confidentiality of all information provided individuals through its programming. As such, before any information is released by PRA staff, identifying information may be requested to confirm the identity of the requesting individual. You may, for example, be asked to provide your PRA ID number, date of birth, or address. This helps PRA protect your personal information from being inappropriately released. Exam scores are confidential, and never released without the written consent of the candidate.

Information relating to applicants will not be released, in any way not described within this document, to any third party without written consent of the applicant, unless in response a Subpoena Duces Tecum duly issued by a court of law or an inquiry by a law enforcement or government/regulatory agency.

The Commission maintains a public record of the names of all currently certified individuals. PRA Chapters and Affiliates are provided with a list of certified individuals and PRA members within their geographic area, including name, certification and membership start and expiration dates, and contact information. Under no circumstance will the list be sold to any third-party vendor.

Candidate Name Change

If a candidate's name changes, they may notify PRA via email to info@psychrehabassociation.org, attaching supporting documentation (marriage license, divorce decree, legal name change document).

Non-Discrimination Policy

PRA is respectful and inclusive to the cultural, individual, and role differences of individuals, and does not practice or tolerate discrimination on the basis of age, gender, gender identity, gender expression, race, color, ethnicity, culture, national origin, language, sex, sexual orientation or preference, religion or spiritual beliefs, marital status, political belief, mental or physical disability, socioeconomic status, or any other preference or personal characteristic, condition, or state.

5 Exam Security, Fraud & Appeals

Exam Security

PRA requires candidates to maintain the confidentiality and security of the test items on their exams. All candidates are required to acknowledge that they understand and agree to the following:

- PRA examinations are the exclusive property of PRA.
- PRA examinations and the items contained therein are protected by United States copyright law.
- No part of a PRA 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.
- Candidate participation in any irregularity occurring during the examination, such as 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 PRA, at its sole discretion, to terminate candidate participation, invalidate examination results, seek monetary compensation, or take other appropriate action.
- Candidates who cheat, or attempt to cheat, on the examination or otherwise breach PRA's policies or procedures will have their exam scores invalidated, forfeit all fees, be barred from taking any PRA examination, and may be subject to legal action.

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 Security, Fraud & Appeals Continued

Appeals

If a candidate believes a decision has been made that is inconsistent with the Commission's commitment to fairness in the exam process, they should promptly notify PRA staff via email to info@psychrehabassocation.org. All complaints will be thoroughly investigated. There will be no retaliation against any applicant or candidate who files a complaint in good faith, even if the results of the investigation find insufficient evidence to support the complaint.

Candidates may appeal an adverse decision on a certification exam application related to:

- Revocation of a professional license
- Felony activity
- Failure to sign the PRA Code of Ethics
- Inaccurate and/or misleading application information

Candidates may NOT appeal adverse decisions related to a failure to meet eligibility requirements, including payment of fees or achieving a passing score.

Candidates must initiate an appeals process by submitting a written letter within 30 days of receipt of the adverse decision. The letter must include the relevant facts of the matter and the action taken, the resolution requested, and any new or supplementary information the candidate would like to be considered. The appeal will be reviewed by an ad hoc Appeal Review Panel of the Commission, and appellant will be notified of the panel's decision in writing within 90 days of the appeal letter.

After hearing all relevant facts and arguments, the Appeal Review Panel may find that

- the decision was legitimate and stands.
- the decision was legitimate, but terms will be adjusted.
- the decision was not legitimate, and the requested resolution is approved.

6 Preparing for the Exam

Preparing for the Exam

For most candidates, preparing for a PRA Certification Exam is a fairly large undertaking, but the payoff of becoming certified is well worth it! Passing the exam goes far beyond qualifying to take it. PRA's goal is for candidates to be prepared by being properly educated and trained in the principles of psychiatric rehabilitation prior to applying to sit for the exam. PRA's website provides multiple resources to assist with exam preparation:

CPRP: www.psychrehabassociation.org/cprp-certification/preparing-cprp-exam
CFRP: www.psychrehabassociation.org/cfrp-certification/preparing-cfrp-exam

PRA Certification Exam Preparation Course: CPRP

The PRA Certification Exam Preparation Courses are instructor-led trainings designed to prepare candidates to take a PRA Certification Exam. These courses facilitate interaction, in-depth information sharing and direct response to questions. The CPRP Prep Course is currently available as an on-site training, or online in the Academy section of the PRA website.

PRA Certification Exam Preparation Course: CFRP

The CFRP Exam Preparation Course is currently only available as an on-site training. An online CFRP Prep Course is under development and will become available in 2022.

In-Person, Onsite Exam Preparation Courses

In-Person Onsite Exam Preparation Courses are available by request from, and upon a mutually executed agreement with employers, state or government agencies, network providers, PRA Chapters/Affiliates, and other organizational entities. To request a quote for an in-person training, email info@psychrehabassociation.org.

PLEASE NOTE: PRA and the Academy of Psychiatric Rehabilitation and Recovery are the only entities permitted to conduct any "Prep Course" associated with a PRA Certification Exam.

Preparing for the Exam Continued

CPRP Practice Test

To assist candidates in preparing for the CPRP exam, the Certification Commission has created an online practice test, containing 50 multiple-choice items (questions) from the seven CPRP practice domains. The items are of similar content and difficulty level as the actual examination. To pass the practice test, you must achieve a score of 72% or higher, however it is recommended that you achieve an 80% or higher before sitting for the actual exam. Applicants who purchase the practice test can attempt to pass the test three (3) times using the same login/password. A CFRP Practice Test is currently under development.

Recommended Readings

The Certification Commission has compiled a list of recommended readings, consisting of documents and texts used in referencing exam items. Some of these resources are available directly from PRA, while others may be purchased through retail bookstores, or borrowed from public libraries. Reading these texts alone will not prepare a candidate for the exam. Please refer to the PRA website for a full list of recommended readings or see the attached Appendices.

7 Exam Eligibility

Age Requirement

Candidates must be 18 years or older to sit for the CPRP and CFRP exams.

Eligibility Pathways

Before beginning an exam application, candidates must select the eligibility pathway through which they will pursue certification. Candidates are encouraged to review the Certification section of the PRA website for supplemental information and helpful documents to assist with exam preparation.

CPRP CERTIFIED PSYCHIATRIC REHABILITATION PRACTITIONER

PATHWAYS TO PRA CERTIFICATION

CFRP CHILD AND FAMILY RESILIENCY PRACTITIONER

PATHWAY	EDUCATION	TRAINING (CONTINUING EDUCATION HOURS IN PSYCHIATRIC REHABILITATION)	WORK EXPERIENCE (HOURS)
1	GED, HS diploma or higher in a field other than Behavioral Health	45	2000
2	Certified in Peer Support	45	1500
3	4-year degree or higher in Behavioral Health	30	1000
4	4- year degree with a major or minor in Psychiatric Rehabilitation	0	0
5	Current PRA Certification (CPRP or CFRP seeking dual certification)	0	0

Exam Eligibility Continued

All pathways include eligibility requirements in three categories:

1. Education 2. Training 3. Work Experience

Note: Work experience requirement may be met before or after taking the exam. *Candidates will become certified after passing the exam and meeting all eligibility requirements.*

1. Education

Your education level/type will determine the amount of training and work experience that will be required to sit for the CPRP or CFRP exams. Please refer to the chart on page 11 to review the education categories.

If your education pathway is as a Certified Peer Specialist, please note the following. A Qualifying Peer Specialist Credential (CPS) is defined as a certificate or certification program containing 45 or more hours of training directly related to the practice domains outlined in the corresponding exam blueprint. If the CPS program includes less than 45 applicable training hours, additional training is required to reach 45 total hours of eligible training. Candidates 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.

2. Training

For those pathways requiring training beyond the education requirement, please note that

- Training must be completed within the 36 months preceding your application submission.
- Training must include 22.5 hours from a PRA Approved Provider
- Training must be directly applicable to the practice domains for the corresponding credential and address the treatment and/or rehabilitation of individuals with serious mental illness for the appropriate population. *(Please see pages 23 - 25 for more information on acceptable training topics, activities, etc.)*

3. Work Experience

Work Experience may be earned through full-time, part-time, volunteer, internship or placement in a psychiatric rehabilitation program. Part-time work can be pro-rated as Full Time Equivalents (6 months = 1000 hours; 12 months = 2000 hours). Volunteer or unpaid work, internships, or placements may account for up to 50% of the required experience. A Qualifying Internship includes a minimum of 400 supervised hours in a psychiatric rehabilitation environment where the supervisor holds a current PRA Credential corresponding with the desired credential.

Work Experience must be in a psychiatric rehabilitation/recovery-oriented environment serving individuals with serious and/or persistent mental illness in the population corresponding with the desired credential.

Candidates must upload into their application an Employment Verification form signed by their supervisor for all qualifying work experience.

8 Applying for the Exam

Signature and Verification

Submission of a PRA Certification Exam Application indicates that a candidate:

- Grants the Commission and PRA permission to verify all application information.
- Agrees to cooperate in any such review and allow others to provide information regarding candidate knowledge, skills, and abilities.
- Acknowledges and agrees to abide by all applicable Commission policies and procedures, including the consequences of noncompliance, and affirms that the information included in their application is true and correct.
- Understands that if information is found to be misleading or untruthful, their application may be denied, certification may be refused or revoked, and candidate may be barred from further pursuit of any PRA credential.
- Acknowledges that the PRA certification exam is a secure and confidential test instrument, and that candidates may not discuss, describe, or otherwise reveal the contents of the exam. Any sharing or discussion of test items reduces the value of the certification by compromising the validity of the exam.
- Agrees that, unless otherwise specified in writing to PRA, candidates contact information, including name, mailing address, email, and phone, may be provided to any PRA Chapter/Affiliate in their geographic region, to provide candidate with information on upcoming events and professional development opportunities, and to connect to peers in their community.
- Understands that PRA will maintain a directory of certified practitioners, including their name, location, employer, and contact information; and that candidate is responsible for maintaining up-to-date information in the “My Profile” section of the PRA website.

8 Applying for the Exam Continued

Application Process

The certification exam application is 100% paperless. PRA will discard any mailed, faxed or emailed documents relating to exam eligibility applications, unless requested by PRA staff or the Commission. All aspects of your application must be uploaded into your online application.

- Step 1: Set up a user login on PRA's website.
- Step 2: Determine your Eligibility Pathway (see page 11 or visit www.psychrehabassociation.org/eligibility
- Step 3: Gather your documentation for your education, training, and work experience requirements.
- Step 4: Hit the "Apply" button on PRA's website (located on CPRP and CFRP certification pages).
- Step 5: You will be taken to our application site on Survey Monkey Apply and prompted to create a login name and password. Hit the "Apply" button to continue.
- Step 6: Once you have answered all of the questions and uploaded your information, select the green button at the end of the application labeled, "Mark as Complete".
- Step 7: You will then be taken to the Survey Monkey homepage where you must select, "Submit", to complete the application process.
- Step 8: Your application will then undergo membership verification. If you are a PRA member, you will receive a reduced fee for the application. PRA membership is different from your PRA login and is not required to apply for an exam. If you wish to become a member, you can go to PRA's store and purchase an individual membership for $125 to receive discounts on exams, online courses and other items.

  Exam Fee for Members = $395 Exam Fee for Non-Members = $515
- Step 9: When PRA has verified your member or non-member status, you will receive an email prompting you to submit payment for your application. Please allow one week to receive this email. If you do not receive an email in this time period, please contact PRA at info@psychrehabassociation.org for assistance.

9 Application Review & Special Accommodations

Application Review

Once your payment is received, your application will be sent to the Commission for review. The review process is generally completed within two weeks.

Candidates will receive notifications via email as their application proceeds through the review process, including any requests by reviewers for additional information.

Discrepancy Notifications

It is the sole responsibility of the candidate to ensure that PRA receives all information required to complete their application, and to meet all deadlines. PRA representatives may, as a courtesy, notify candidates via email if their application is incomplete, however this is not an obligation, and should not be relied upon by candidates.

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

Application Period

Candidates must complete and submit their exam application within one year of submitting the exam application fee. Applications abandoned or incomplete after one year will be deleted from the application site, at which point candidates must submit another exam application fee and begin a new application. Applications that have been returned for revisions may be granted extensions on a case-by-case basis, however exceeding the terms of an extension will result in the application being deleted from the site. Once an application has expired or been deleted, candidates must submit another exam application fee and begin a new application.

Special Accommodations / Accessibility

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 a PRA certification exam if the request is reasonable, properly documented, and does not fundamentally alter or jeopardize the security of the exam. Accommodations will be granted for candidates outside the United States following the same guidelines. Special accommodations must be requested by candidates during the application process. Please review application instructions for details on how to submit such requests. If you require accommodations for the application process itself, contact PRA for assistance via email at info@psychrehabassociation.org. There are no additional fees assessed to the exam candidate for special accommodations. Candidates may request the same or different accommodations when retaking the examination by emailing PRA at info@psychrehabassociation.org.

10 Exam Fees and Deadlines

All Deadlines and Fees are Final and Non-Negotiable

Candidates are highly encouraged to submit their completed application well before their desired testing date, in order to allow time to address any reviewer inquiries or requests regarding their application, connectivity issues, scheduling options and processing time.

Exam Application and Retake Fees

- CPRP/CFRP Exam Application Fee: $395 (Member) / $515 (Non-Member)
- CPRP/CFRP Exam Retake Fee: $200 (Member) / $320 (Non-Member)

Payment Terms and Conditions

Payments for exam application fees, exam retake fees, recertification fees, reinstatement application fees, event/course registrations, merchandise, donations, and membership dues may be made online in the PRA online store. You must have an account in the PRA database (obtained by contacting PRA or creating a profile on the PRA website) to conduct business with PRA. To make a payment over the phone, email info@psychrehabassociation.org to schedule a time for a PRA staff person to assist you.

Fees are Non-Transferable

All payments are final and are non-transferable. The user record for which an item is purchased (application fee, registration, dues, etc.) must correspond to the candidate or credential holder.

Fees are Non-Refundable

All payments are non-refundable. If you believe you are seeing the nonmember price in error, DO NOT complete your purchase. Instead, email info@psychrehabassociation.org to verify your member status.

Exam Dates & Deadlines

Candidates must sit for the exam within one year of their application being *approved*. The first exam attempt is included in the candidate's application fee.

Exam Retake

Candidates that do not pass will be eligible to retake the exam upon submission of the appropriate retake fee. Candidates may retake the exam up to three times within one year of their initial application approval date. There is a 30 day wait period between each exam and a retake fee is required for each exam attempt.

Late Arrival / No Shows

If a candidate does not appear for their scheduled exam or arrives too late to be permitted to take the exam, they forfeit all fees and must pay a fee to schedule another examination time.

11 Scheduling Your Exam

PRA certification exams are delivered via live virtual proctoring, allowing candidates to take the CPRP and CFRP exams 24 hours a day, 365 days a year. Please note that you must take the exam:

- in a private room (no other people may be in the room with you).
- via an encrypted, password protected internet connection.

Attempting to take the exam in a public place or via an unencrypted internet connection is a violation of our security policy and your confidentiality agreement.

Once the Commission has approved your application, PRA will send you an email confirming

- your application approval date.
- your information has been sent to our test proctor, Examity.

You will then be sent an email from Examity.

When you receive this email, you can logon to Examity, where you will be prompted to create a new password. Once this is complete, you will be able to schedule your exam at a time that is convenient for you. Remember, exams (including retake exams), must be completed within one year of your application approval date.

Please see Appendix A for Examity guidelines for scheduling exam time.

Please make sure to add PRA's email address (info@psychrehabassociation.org) to your approved contact list in your email account to ensure you don't miss any critical communications.

12 Taking Your Exam

Starting the Exam

The candidate launches the meeting session in Examity with the proctor (Zoom or Go-to-Meeting platform)

Before starting the exam, the proctor will take the candidate through the authentication process.

- Proctor will have the test-taker share their webcam and screen.
- Proctor will ask test-taker to confirm their name and the exam they are taking.
- Proctor will ask test-taker to show their government issued photo ID (A temporary or expired ID is NOT acceptable, even with accompanying renewal paperwork.)
- Proctor will review the standard rules:
    - Test-taker must be alone in room
    - Desk and area must be clear
    - No phones or headphones
    - No dual monitors
    - Test-taker cannot leave seat
    - No talking during exam
    - Webcam, speakers and microphone must remain on throughout the exam
    - Proctor must be able to see test-taker for the duration of the exam
- Proctors will have test-taker perform a 360-degree view of the room and desk area.
- Test-takers will answer challenge questions and key stroke matches they established in their profiles.
- Test-takers will physically agree to the user agreements and rules before launching the exam.

Test Length and Time

- Candidates taking the Certified Psychiatric Rehabilitation Practitioner (CPRP) Exam have three (3) hours to complete a 150-item multiple-choice examination on a computer.
- Candidates taking the Certified Child and Family Resiliency Practitioner (CFRP) Exam have two (2) hours to complete a 100-item multiple-choice examination on a computer.

Guessing

If a candidate is not sure of the correct answer for a question, it is to their benefit to make an informed guess. A passing result is based on the number and difficulty of questions answered correctly.

Exam Results / Certificates

Pass/fail outcomes are delivered upon completion of the examination or the end of the testing period, whichever comes first. CPRP exams end after three (3) hours; CFRP exams end after two (2 hours). Please note PRA does not send paper certificates; electronic certificates will be sent to individuals who pass the exam via email.

13 Exam Development

Scope of Exam

Examination questions are designed to allow candidates to demonstrate their knowledge of facts and use of judgment.

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 the exam.

Development of the Exam

PRA examinations are developed in stages. In the first stage, a job task analysis is outlined by a panel of expert practitioners from many traditions of school and 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 that are broadly representative of the field as it is practiced around the world.

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

The second, ongoing, 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 ("items") 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 examinations, PRA makes every effort 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 remain relevant to current evidence-based best practices.

13 Exam Development Continued

Commitment to a Fair, Valid, and Reliable Examination

The development of high-stakes examination such as the Psychiatric Rehabilitation Association (PRA) Certified Psychiatric Rehabilitation Practitioner (CPRP) and Certified Child and Family Resiliency Practitioner (CFRP) certification exams, requires commitment and resources.

It is the responsibility of the organization to ensure that the exams meet the standards set forth by:

- *2014 Standards for Educational and Psychological Testing*, developed jointly by the American Educational Research Association, American Psychological Association, and the National Council on Measurement in Education
- International ANSI/ISO/IEC Standards 17024 approved by ASTM International
- National Commission for Certifying Agencies (NCCA) Accreditation Standards

By adhering to these Standards, the PRA testing program is following best practices and can be seen as a leader in certification testing.

The *Standards* focuses on providing evidence in all aspects of test development that will support the interpretation and use of test scores. Additionally, there is emphasis on fairness in testing. With a focus on developing evidence supporting the examinations and documenting that evidence, PRA created a framework for collecting and organizing evidence to support the psychometric quality of the test and the validity of test score interpretations and uses.

14 Recertification

Recertification: Maintaining a PRA Credential

PRA credentials 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 for more information.

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 practice in the fields of psychiatric rehabilitation and mental health for adults and/or children and families.

CPRPs and CFRPs, upon completion of all eligibility requirements and activation of their credential by PRA, enter into a three-year recertification cycle.

Why Require Recertification?

The Certification Commission for Psychiatric Rehabilitation and Recovery requires recertification every three years because, just as the profession's knowledge base continually expands and develops new insights and practices, it is essential that individuals holding a PRA credential continually expand and enhance their expertise and knowledge. PRA credential holders maintain their certification in order to:

- remain competitive in the workforce as an increasingly proficient and effective provider, competent to support the needs of persons in recovery.
- meet the goals of the behavioral healthcare field to maximize resilience and recovery outcomes through person-centered services.
- demonstrate a commitment to staying abreast of best practices and developments to improve outcomes.

Recertification Requirements

In order to recertify, CPRPs and CFRPs must meet the following requirements every three (3) years:

- Complete a minimum of 45 contact hours of education/training within the field during the 36 months preceding your application submission.
    - At least 22.5 hours must be official CPRP or CFRP contact hours provided by either the Academy for Psychiatric Rehabilitation and Recovery or a PRA-Approved Provider of Continuing Education (chapters and other designated organizations - contact the organizer of an activity to verify).
    - A minimum of 4 of these contact hours must be specific to ethics.
- Attest to their good standing within the field.
- Recommit to abide by the PRA Code of Ethics.
- Submit the appropriate recertification fee.

You are not required to submit all documentation of your credits at the time of recertification, however you are required to maintain this documentation in the event of audit (see page 26 for Recertification Audit Information).

14 Recertification Continued

Recertification Deadlines and Fees

Those that choose not to recertify will find their credentials terminated at midnight on December 31st of their expiration year. You've worked hard to earn and maintain your credential - don't let that happen!

- Early Recertification - deadline March 31st of your recertification year
  $129.00 (PRA members) / $249.00 (nonmembers)
- Standard Recertification - deadline September 30th of your recertification year
  $145.00 (PRA members) / $265 (nonmembers)
- Late Recertification - deadline December 31st of your recertification year
  $195 (PRA members) / $315 (nonmembers)

On January 1st of the year following their recertification year, those that choose not to recertify will find their credential lapsed. If your PRA credential has lapsed refer to the Reinstatement of a PRA Credential section below on page 27.

How to Recertify

Recertification is only available online in the PRA "store," and will only appear during the calendar year in which your certification is set to expire (your "recertification year").

- Login to see the product in the online store. Recertification may only be purchased when logged into the user account where your credential is documented.
- Search the PRA online store for "recertification," then click the recertification item corresponding to your credential (CPRP or CFRP).
- Select "renew" in the drop-down box at the top of the application
- Answer ALL questions on the application
- Add to your cart and check out to submit the recertification application.

If your membership to PRA has lapsed (this is separate from certification), and you wish to renew your PRA membership to receive the discounted member rate, simply add membership to the cart alongside the recertification item; once membership has been added to the cart, the cost for recertification items should automatically adjust. If the cost does not automatically adjust, complete the membership purchase, then purchase the recertification item in a second transaction.

If you believe you are eligible for a rate you do not see in the cart, DO NOT complete your purchase; instead, please email info@pychrehabassociation.org for assistance.

14 Recertification Continued

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, CPRPs and CFRPs should consider the following when seeking continuing educational opportunities:

- Select presenters 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

For purposes of the **CPRP** recertification, training must address the treatment and/or rehabilitation of serious/persistent mental illness in adults or transition-age youth (age 16+); for CFRPs, children/families. Possible topics include any of the CPRP practice domains, as well as 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 only acceptable if presented in the context of psychiatric rehabilitation practice.

For the purposes of **CFRP** recertification, training must address resiliency services for children living with mental illness or severe emotional disturbances and their families. Possible topics include any of the CFRP practice domains, 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.

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.).

Acceptable Training Formats, Activities and Topics

As listed in the *Recertification Requirements* section above, 22.5 hours of the 45-hour requirement must be derived from activities sponsored by PRA-Approved Providers of Continuing Education (PRF's Academy of Psychiatric Rehabilitation and Recovery, most PRA Chapters and Affiliates, PSR Canada, and other designated organizations. Contact the activity sponsor to inquire about PRA Approved Provider status). The remaining hours may be achieved through a variety of learning formats.

All training must address the treatment and/or rehabilitation of serious mental illness within the appropriate population (CPRP: adults/transition-age youth over age 16; CFRP: children and youth under age 18) and be relevant to the practice domains as outlined on the corresponding Exam Blueprint.

14 Recertification Continued

Acceptable Training Formats, Activities and Topics Continued

Acceptable training FORMATS and ACTIVITIES include:

- Training that addresses the rehabilitation and/or treatment of persons (within the appropriate age group for the credential you are seeking) with serious mental illness
- Courses in psychiatric rehabilitation or mental health offered by an established university or college.
- Institutes and workshops at PRA conferences
- PRA chapter conference sessions on relevant topics
- Activities sponsored by PRA-Approved Providers of Continuing Education (contact provider about PRA Approved Provider status)
- Training in any of the various models of rehabilitation (clubhouse, lodge, case management, etc.)
- Workshops in related mental health disciplines, which address the rehabilitation and/or treatment of persons with serious mental illnesses
- In-service training on relevant topics, provided within your agency on rehabilitation or treatment of persons with serious mental illness
- Training sponsored by a state or provincial mental health authority in rehabilitation or treatment of persons with serious mental illness
- Training or workshops addressing related components of services such as vocational rehabilitation, supported education, housing, etc.
- Independent study or distance-learning courses (on-line, audio-conferences, etc.) offered on relevant topics by accredited academic institutions or approved by the Commission
- Approved participation in Item Writing and/or Test Assembly meetings
- Presenting training to an audience of psychiatric rehabilitation practitioners with content that meets the requirements for exam applicants. (See page 26 for more information)
- Articles on any topic within the CPRP Practice Domains, published in peer-reviewed journals; books and book chapters (self-published volumes are not accepted - See page 26 for more information)

14 Recertification Continued

Acceptable training TOPICS include:

- Direct Care
- Life Skills Training
- Vocational Rehabilitation
- Supported Housing Education
- Intervention
- Treatment Modalities
- Medications
- Diversity
- Ethical/Legal issues

Related topics such as infection control, dealing with medical complications, etc., may also be acceptable if presented in the context of psychiatric rehabilitation practice.

<u>Unacceptable</u> Training TOPICS and ACTIVITIES Include:

- CPR/first aid
- Fire safety
- Disaster training
- Materials handling/MSDS
- Driver education (for transport vans)
- Training on computer software
- Agency specific training
- Topics specific to children
- Autism spectrum disorders
- Human development
- Human sexuality
- Alzheimer's Disease/Dementia/Aging
- HIV/AIDS
- Domestic violence/abuse*
- Drug Use/Abuse*
- Death and dying
- Anger Management
- Infection/bloodborne pathogens
- Internships
- Courses taken towards a completing a degree
- Staff meetings or retreats
- HIPAA training
- Routine coaching, training or supervising staff
- Topics contrary to the principles of psych rehab (including but not limited to involuntary commitment, use of restraints, forced medication, etc.)

*unless specific to co-occurring disorders

14 Recertification Continued

Calculating Contact Hours

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

Credit for Provided Training

- 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 Authoring Articles, Chapters and Books about Psychiatric Rehabilitation

An article in a professional journal or a chapter in a published book may count as 10 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.

Recertification Audit

Accuracy and upholding the integrity of your credential is of the utmost importance to the Certification Commission for Psychiatric Rehabilitation. To this end, recertification applicants are randomly selected by the Commission for audit and will be required to produce evidence of completion of the required hours.

15 Reinstating a Lapsed Credential

Reinstatement of a Lapsed PRA Credential

The PRA Certification Reinstatement Program is an opportunity for individuals with a lapsed Certified Psychiatric Rehabilitation Practitioner (CPRP) or Certified Child and Family Resiliency Practitioner (CFRP) credential to apply for reinstatement of their certification and re-enter a normal recertification cycle – without having to retake the certification exam. Individuals taking advantage of this opportunity to enhance their professional status by reinstating their certification will again be distinguished with an internationally recognized professional credential in psychiatric rehabilitation. ***Reinstatement is offered up to 24 months after your credential has expired, after which you must apply and take the exam again to become certified.***

Credential Reinstatement Process

To begin the reinstatement process, candidates may login into the PRA store, search for "reinstatement" and purchase the application. After which, you will receive an email containing instructions and a link to the reinstatement form. You may also contact PRA info@psychrehabassociation.org to guide you through the process:

- a $50 non-refundable fee
- Submit documentation of 45 hours of applicable continuing education and training. Please note that at least half of these hours (22.5) must be from a PRA Approved Provider.
- In addition to your documentation of CEUs, you will need to complete the reinstatement form which includes a series of questions and agreements about your training, commitment to PRA code of ethics and use of contact information.
- Be approved by the commission.
- Pay the recertification fee ($195 – Members; $315 – Non-Members)

Applications will be reviewed by the Certification Commission for Psychiatric Rehabilitation and Recovery (the "Commission") on a case-by-case basis. There is no automatic disqualification from reinstatement based on submitted answers.

Appendices to Candidate Handbook

- Examity Live Proctoring Test-Taker Guide
- PRA Core Principles and Values of Psychiatric Rehabilitation
- Relevance of Core Principles & Values for Working with Children
- PRA Code of Ethics
- PRA Multicultural Principles
- CPRP Exam Blueprint
- CPRP References / Recommended Reading List
- CPRP Knowledge, Skills, and Abilities
- CFRP Exam Blueprint
- CFRP References / Recommend Reading List

Live Proctoring Test-taker Guide

Technical Requirements

Before your exam, please confirm you meet Examity's technical requirements

- **Browser:** Please disable your pop-up blocker

- **Equipment:**

- Desktop or laptop computer (tablets and Chromebooks are not supported)
- Built-in or external webcam
- Built-in or external microphone
- Built-in or external speakers

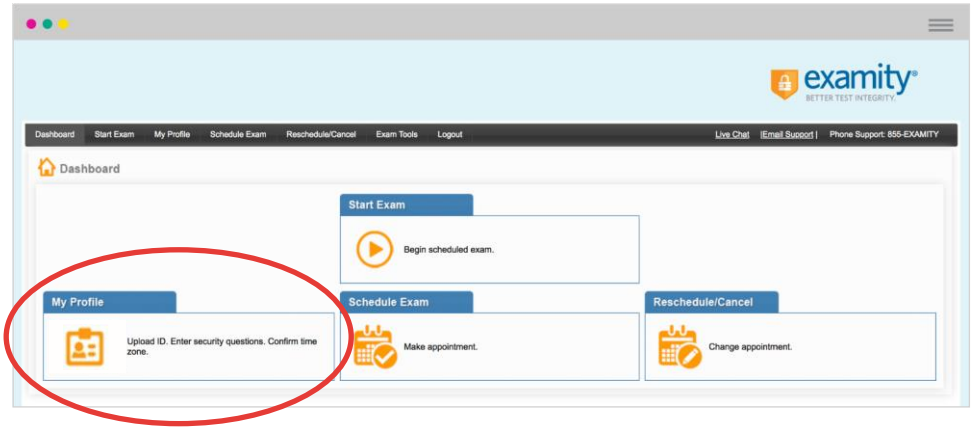
Internet: An upload and download speed of 2Mbps

For assistance, call **855-EXAMITY**, email support@examity.com or chat directly with us through the Live Chat feature on the Examity dashboard.

Examity Live Proctoring Test-taker Guide

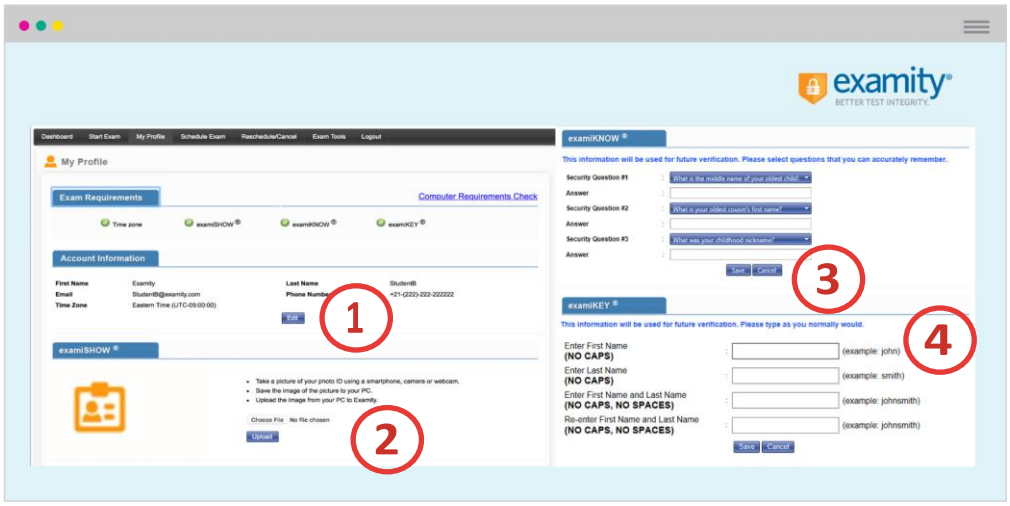
Creating Your Profile

Prior to scheduling or taking an exam with Examity, you must complete your profile. To create or finish your Examity profile, please select the “My Profile” icon on the Examity dashboard.

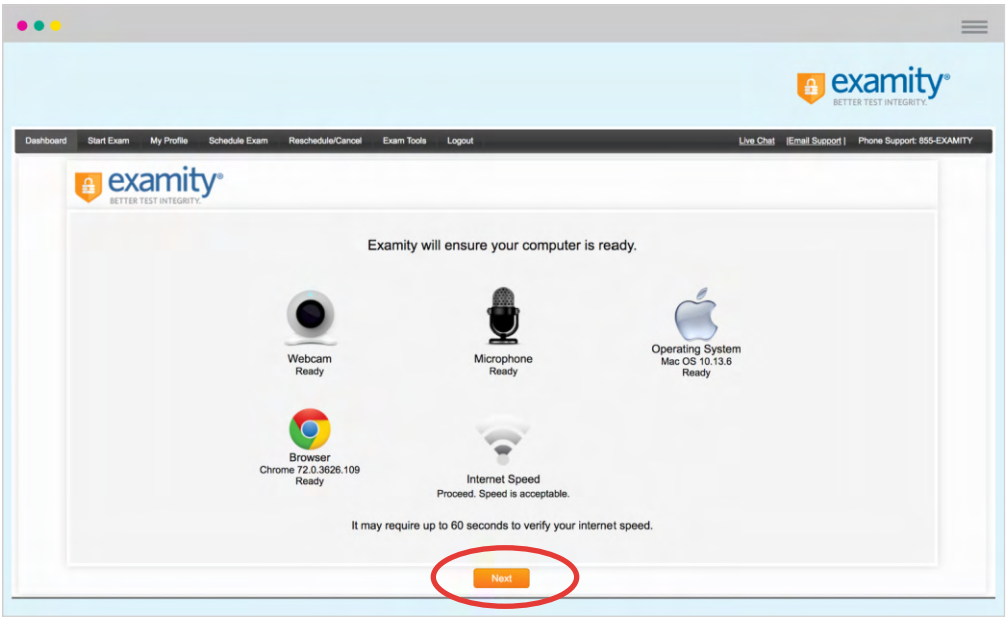


You can create your profile in four simple steps:

1. Choose your time zone. **Please be advised**, your time zone must reflect the location in which you plan on testing.
2. Upload a picture of your ID. **Please note**, for verification purposes, you will need to bring this ID with you every time you take a test.
3. Select and answer three unique security questions.
4. Enter your biometric keystroke signature.



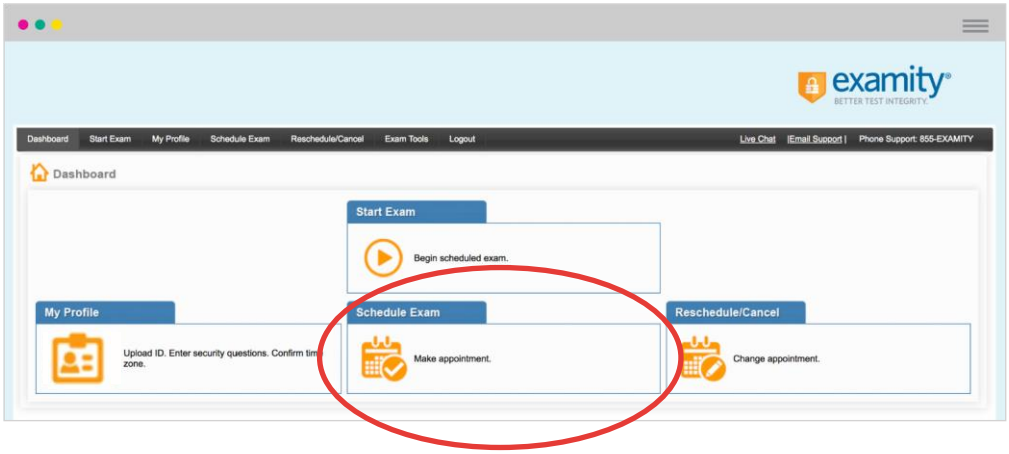
Once your profile is complete, you are strongly encouraged to run a computer requirements check. To complete check, click in the upper right-hand corner of the “My Profile” page. You should run the computer requirements check on the same machine you will be using to take the exam.



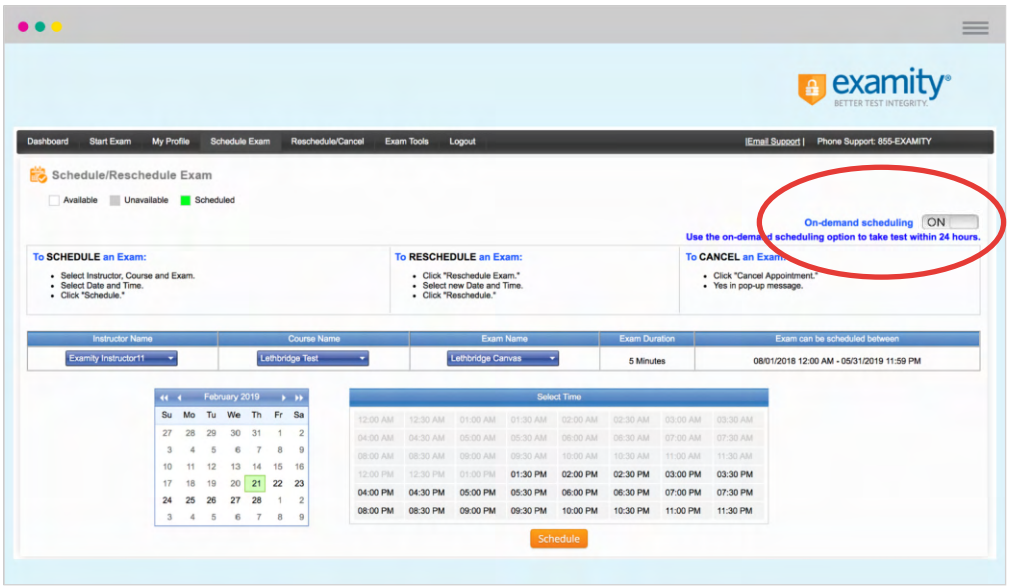
Examity Live Proctoring Test-taker Guide

Scheduling Your Exam

Whether you would like to take an exam now, or in the future, you must first schedule your exam by selecting the “Schedule Exam” icon on the Examity dashboard.



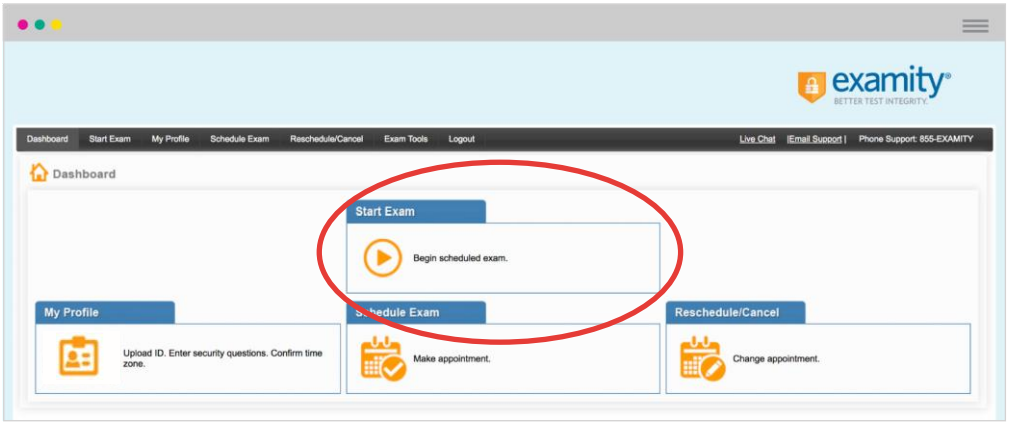
Locate your instructor, course, and exam in the drop-down menu. Next, select a date and time, and click “Schedule.” If you are scheduling your exam within 24 hours, please confirm on-demand scheduling is adjusted to “on.”



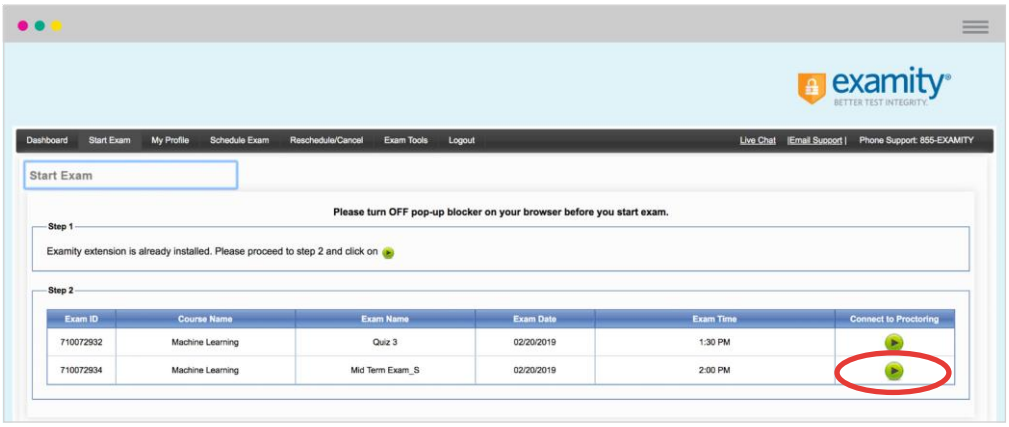
Examity Live Proctoring Test-taker Guide

Taking Your Exam

On the day and time of your exam, please return to the Examity dashboard, and click the “Start Exam” icon.



To continue, click on the “Connect to Proctoring” button to launch your proctoring session and begin your test.

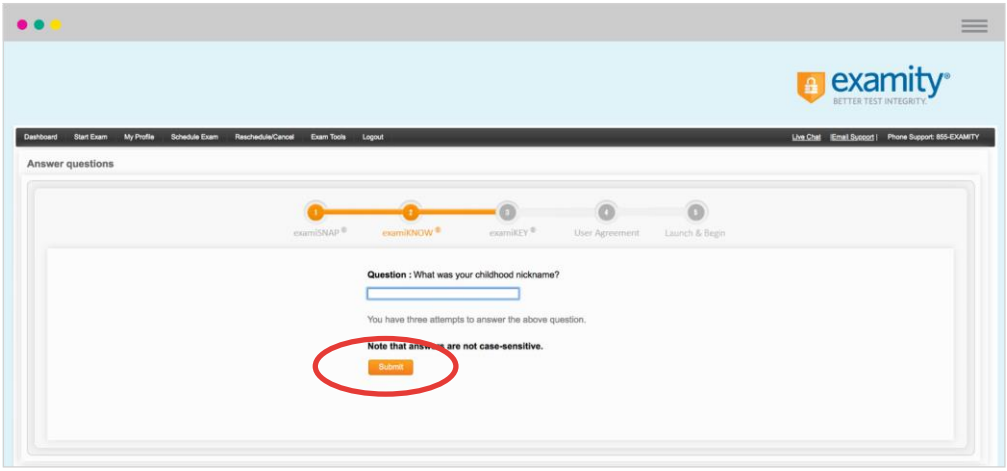


Proctor support will walk you through the authentication process. You will be asked to:

1. Verify your identity. Make sure you have your photo ID with you. You will be required to hold the ID in front of your webcam. The proctor will need to see both your name and photo clearly.
2. Review the exam rules.
3. Show your desk and workspace. The proctor will ask you to complete a 360° room pan and desk sweep with your webcam. This is to ensure your workspace is clear of any materials unauthorized by your instructor.

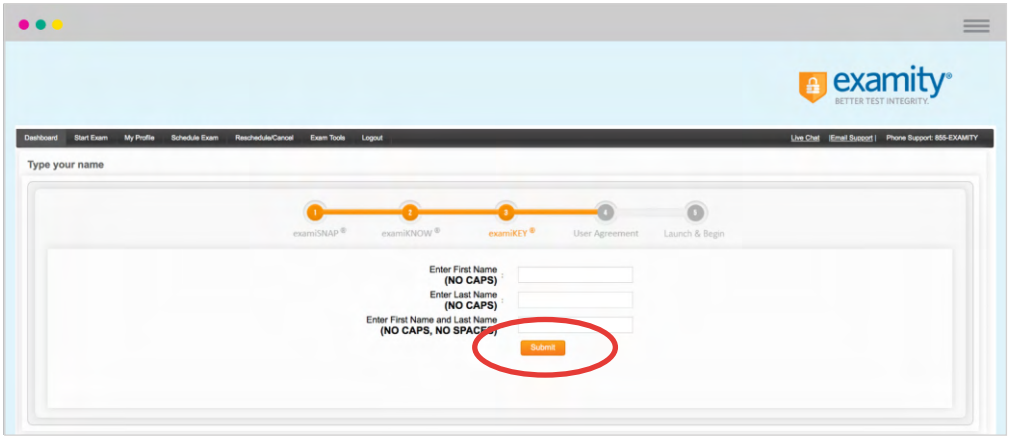
examiKNOW

You will now be prompted to answer a previously selected security question. Once you have entered your answer, please press the “Submit” button.



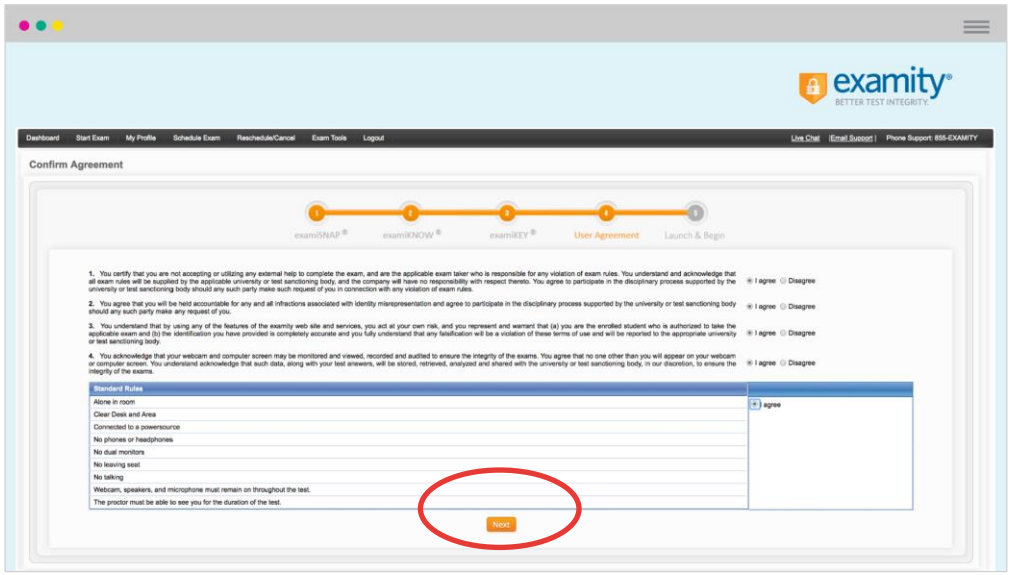
examiKEY

You will now be asked to enter your biometric keystroke signature. Once you have entered your signature, select the “Submit” button.



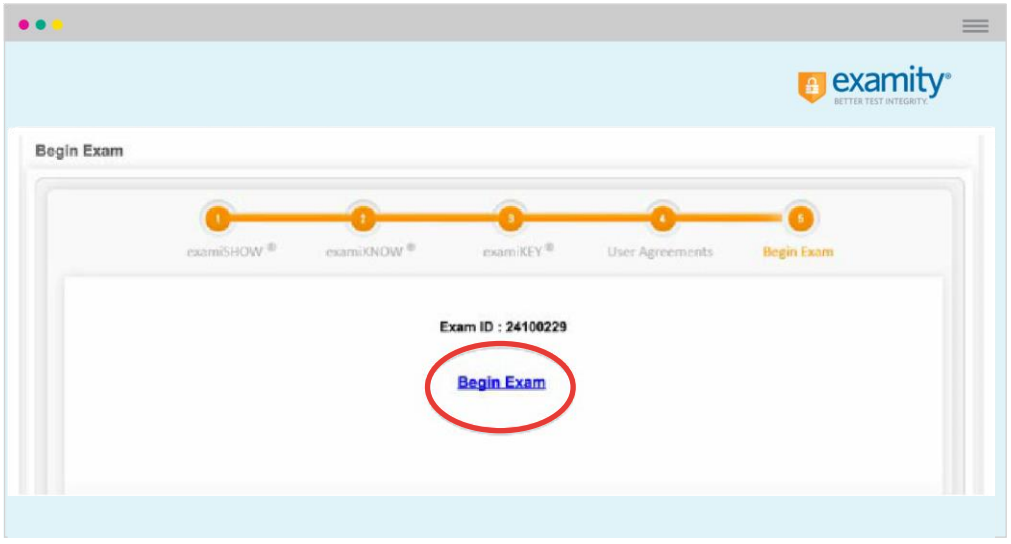
User Agreement

You will now be asked to review and agree to the Examity User Agreement as well as the exam rules and any special instructions set by your instructor.



Begin Exam

Once you have finished the authentication process, click on the “Begin Exam” link. Your proctor will enter the password for you. Once the password has been entered, you are ready to begin!



Psychiatric Rehabilitation Association

Growing and Training the Recovery Workforce

Core Principles and Values of Psychiatric Rehabilitation,
Psychiatric Rehabilitation Association and Psychiatric Rehabilitation Foundation

Principle 1: Psychiatric rehabilitation practitioners convey hope and respect and believe that all individuals have the capacity for learning and growth.

Principle 2: Psychiatric rehabilitation practitioners recognize that culture is central to recovery and strive to ensure that all services are culturally relevant to individuals receiving services.

Principle 3: Psychiatric rehabilitation practitioners engage in the processes of informed and shared decision-making and facilitate partnerships with other persons identified by the individual receiving services.

Principle 4: Psychiatric rehabilitation practices build on the strengths and capabilities of individuals.

Principle 5: Psychiatric rehabilitation practices are person-centered; they are designed to address the unique needs of individuals, consistent with their values, hopes and aspirations.

Principle 6: Psychiatric rehabilitation practices support full integration of people in recovery into their communities where they can exercise their rights of citizenship, as well as to accept the responsibilities and explore the opportunities that come with being a member of a community and a larger society.

Principle 7: Psychiatric rehabilitation practices promote self-determination and empowerment. All individuals have the right to make their own decisions, including decisions about the types of services and supports they receive.

Principle 8: Psychiatric rehabilitation practices facilitate the development of personal support networks by utilizing natural supports within communities, peer support initiatives, and self- and mutual-help groups.

Principle 9: Psychiatric rehabilitation practices strive to help individuals improve the quality of all aspects of their lives; including social, occupational, educational, residential, intellectual, spiritual and financial.

Principle 10: Psychiatric rehabilitation practices promote health and wellness, encouraging individuals to develop and use individualized wellness plans.

Principle 11: Psychiatric rehabilitation services emphasize evidence-based, promising, and emerging best practices that produce outcomes congruent with personal recovery. Programs include structured program evaluation and quality improvement mechanisms that actively involve persons receiving services.

Principle 12: Psychiatric rehabilitation services must be readily accessible to all individuals whenever they need them. These services also should be well coordinated and integrated with other psychiatric, medical and holistic treatments and practices.

RELEVANCE OF CORE PRINCIPLES & VALUES FOR WORKING WITH CHILDREN

The application of psychiatric rehabilitation principles and values in children's services has increased over the past decade with very positive outcomes. As children's services continue to move beyond behavioral health and pathology to services that build hope and skills for meaningful, development-enhancing participation within the family, school and community, PRA offers a definition and guiding principles to ensure that the outcomes are aligned with family-driven care and support youth in the mastery of social and emotional developmental life tasks. As the practice of psychiatric rehabilitation for children evolves and matures, PRA's definition and core principles shall be amended to reflect current best practices.

Definition of Psychiatric Rehabilitation for children: *Psychiatric rehabilitation services promote quality of life, community integration, and successful transition to adulthood for children and youth who have experienced serious emotional or behavioral difficulties that significantly impair their ability to function successfully in home, school, family, or community life. Psychiatric rehabilitation services focus on empowering young people and their families to develop the skills and access the resources needed to increase their capability to thrive in the living, working, learning, and social environments of their choice.*

Psychiatric rehabilitation services for children and youth are undertaken in a spirit of partnership and collaboration between youth, caregivers, and providers. The services are individualized, driven by the perspectives and priorities of the young person and his or her family, and build upon existing strengths. They promote each young person's positive development, while supporting his/her movement along a developmental trajectory that will result in a successful transition to adulthood. Psychiatric rehabilitation services are an essential element of the health care and human services spectrum, and should be supported by high quality research demonstrating their effectiveness.

Providers of psychiatric rehabilitation services for children and youth need to be well-grounded in the principles and practices of psychiatric rehabilitation, as well as in critical competency areas specifically relevant to children's services, including partnering with families and young people, promoting resilience and self-determination, and matching services to age and developmentally appropriate needs and goals.
The following Core Principles and Values, drawn from the principles of the association, are meant to guide psychiatric rehabilitation practitioners working with children, youth and their families*.

Principle 1—Hope & Respect. Psychiatric rehabilitation practitioners convey hope and respect and believe that all children and youth have the capacity for learning and growth.

Principle 2—Culturally Relevant. Psychiatric rehabilitation practitioners recognize that culture is central to recovery and strive to ensure that all services are culturally relevant to families and young people receiving services.

Principle 3—Shared Decision-Making. Psychiatric rehabilitation practitioners engage in the processes of informed and shared decision-making and facilitate partnerships with all people and community systems/agencies involved in supporting the children, youth, and families receiving services.

Principle 4—Strengths-Based. Psychiatric rehabilitation practices build on the strengths and capabilities of each young person to promote resilience and recovery, and to prevent or reduce disability.

RELEVANCE OF CORE PRINCIPLES & VALUES FOR WORKING WITH CHILDREN

Principle 5—Family-Centered. Psychiatric rehabilitation practices are family-centered; they are designed to address the unique needs of each individual served, consistent with the values, hopes, and aspirations of that individual and with consideration of his/her family system and other key supports.
Principle 6—Community Integration. Psychiatric rehabilitation practices support full integration of children and youth into their communities, where they can engage in age and developmentally appropriate activities that promote positive development and support their successful transition to adulthood.

Principle 7—Empowerment. Psychiatric rehabilitation practices promote self-determination and empowerment, and honors family voice and choice. Young people have the right to express their preferences, goals and aspirations, and to contribute meaningfully to decisions about the types of services and supports they receive.

Principle 8—Natural Supports. Psychiatric rehabilitation practitioners facilitate the development of personal support networks by helping children, youth and their families link to and use natural supports. Such natural supports include family, school, and community resources, as well as developmentally appropriate peer support programs.

Principle 9—Quality of Life. Psychiatric rehabilitation practices strive to help young people and their families improve the quality of all aspects of their lives; including social, educational, financial, intellectual, physical and spiritual domains.
Principle 10—Health & Wellness. Psychiatric rehabilitation practices promote a holistic view of wellness, and encourage children, youth and families to develop life-long habits for improving and maintaining their physical and mental health.

Principle 11—Evidence-Based. Psychiatric rehabilitation services emphasize evidence-based, promising, and emerging best practices that produce outcomes congruent with empowerment, resilience and personal recovery. Such programs will include structured program evaluation and quality improvement mechanisms that actively involve persons receiving services.

Principle 12—Accessible & Coordinated. Psychiatric rehabilitation services must be readily accessible to children and adolescents whenever, wherever, and for as long as they are needed and eligible for children's services. These services should be well coordinated and integrated with other psychiatric, medical, and school-based treatments and practices.

*For the purposes of this document, the term "families" may encompass relatives, legal guardians and other caregivers.

Psychiatric Rehabilitation Association

Growing and Training the Recovery Workforce

Code of Ethics

Approved May 7, 2018 by the Certification Commission for Psychiatric rehabilitation and Recovery

CPRP CERTIFIED PSYCHIATRIC REHABILITATION PRACTITIONER

CFRP CHILD AND FAMILY RESILIENCY PRACTITIONER

Code of Ethics

Approved May 7, 2018 by the Certification Commission for Psychiatric Rehabilitation and Recovery

PREAMBLE

The mission of the Certification Commission for Psychiatric Rehabilitation and Recovery (the "Commission") is to foster the growth of a competent and ethical psychiatric rehabilitation workforce through the development and administration of a test-based PRA Certification Program (the "Certification Program") qualifying individuals as a Certified Psychiatric Rehabilitation Practitioner (CPRP) and/or a Certified Child and Family Resiliency Practitioner (CFRP), and the enforcement of adherence to the PRA Code of Ethics (the "Code") by each individual certified with a PRA Credential (a "Practitioner"). The Code binds Practitioners and all applicants to the Certification Program. An Ethics Review Panel reviews all reported violations of the Code and determines appropriate action based on their findings. An Appeal Review Panel reviews all appeals of adverse action submitted to the Commission.

Practitioners who participate in the Certification Program are required to sign and agree to uphold the Code. A Practitioner's signature on the Code creates the presumption that the Practitioner has read the Code and understands its principles and the consequences of violating the Code. Such agreement is made at the time of application to the Certification Program, as well as during each recertification of their PRA Credential(s).

Code of Ethics

Approved May 7, 2018 by the Certification Commission for Psychiatric Rehabilitation and Recovery

STATEMENT OF INTENT

This statement of intent reflects the overall purpose of the PRA Code of Ethics (the "Code").

The intent of the Code is to ensure that Practitioners act with honor and honesty in their relationships with colleagues, families, significant others, other organizations, agencies, institutions, referral sources, and other professions in order to maximize benefits for individuals receiving services. The Code is intended to serve as a guide to the everyday conduct of Practitioners. It represents the principles and standards of ethical behavior in professional relationships with individuals receiving psychiatric rehabilitation services, with colleagues, with employers and employees, with other persons and professionals, and with the community and society as a whole.

The Code is based on the fundamental values and principles of the psychiatric rehabilitation field and profession: these include respecting the worth, dignity and uniqueness of all individuals as well as their rights, opportunities, and obligations within a safe, caring environment. It honors the need for Practitioners to prioritize the choices and preferences of the individual in service delivery, advocate for individual rights and interests, and oppose discrimination in services and in the community. It also recognizes that practitioners treat people as people first. The Code recognizes the helping relationship as foremost in providing services.

Rather than standing alone, this Code should be read and understood in the context of other PRA documents detailing the principles and practices of psychiatric rehabilitation, including principles regarding multicultural practice and the use of respectful language.[1]

The Code offers general principles to guide conduct in situations that have ethical implications. It provides the rules and standards that form the basis for making decisions about actions to take and guidelines related to common situations where ethical dilemmas may arise. No one statement or section of the Code is meant to be taken in isolation, but each is to be considered in the context of the entire document.

Practitioners are expected to take into consideration all principles in this Code that have a bearing upon any situation in which professional intervention and ethical judgment are required. When a Practitioner is faced with an ethical dilemma that is difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process – a process that involves obtaining guidance through consultation and/or supervision. Reasonable differences of opinion can and do exist, but each Practitioner must be able to justify their actions and decisions based on the Code. Each particular situation determines the ethical principles that apply and the manner of their application. The Practitioner should consider not only particular ethical principles, but also the entire Code and its spirit. Specific applications of ethical principles must be judged within the context in which they are being applied.

[1] Available at http://www.psychrehabassociation.org

Code of Ethics

Approved May 7, 2018 by the Certification Commission for Psychiatric Rehabilitation and Recovery

FUNDAMENTAL PRINCIPLES

The fundamental principles outlined below are aspirational in nature, providing an overall framework for guidance in practice.

Principle A: Ethical Behavior

1. Practitioners uphold and advance the mission, principles, and ethics of the profession.
2. All Practitioners strive to practice within the scope of the principles, standards, and guidelines herein.

Principle B: Integrity

1. Practitioners act in accordance with the highest standards of professional integrity and impartiality.
2. Practitioners strive to resist the influences and pressures that interfere with their professional performance.
3. Practitioners are continually cognizant of their own needs, values, and of their potentially influential position, in relationship to persons receiving services.
4. Practitioners foster the trust of persons receiving services and do not exploit them for personal gain or benefit.
5. Practitioners act fairly and honestly in professional relationships and business practices, and do not exploit them for personal gain or benefit.

Principle C: Freedom of Choice

1. Practitioners make every effort to support self-determination on the part of the person using their services and support the individual's full participation in his or her recovery process.
2. When practitioners are obligated to take action on behalf of a person receiving services who has been judged legally incapacitated, they safeguard the person's interests, rights, and his/her previously expressed choices.
3. When another individual has been legally authorized to act on behalf of a person receiving services, practitioners collaborate with that person, always taking into consideration the previously expressed desires of the person receiving services.

Principle D: Justice

1. The Practitioner's primary responsibility is to the individuals receiving services.
2. Practitioners provide individuals receiving, or about to receive, services with accurate and complete information regarding the extent and nature of the services available to them; any relevant limitations of those services; criteria for admission, transition, and discharge.
3. Practitioners provide information about their professional qualifications to deliver services to individuals being provided those services.
4. Practitioners apprise individuals receiving services, in clear and understandable language, of their rights, risks, opportunities, and obligations associated with service(s) to them and avenues of appeal available to them, as well as the right to refuse services and the consequences of such refusal.

Principle E: Respect for Diversity and Culture

1. Practitioners exhibit and promote multicultural competence at all times and in all relationships in the practice of psychiatric rehabilitation.
2. Practitioners obtain training regarding multicultural competency on an ongoing basis to maximize their competency to provide the latest, up-to-date recovery services to individuals of diverse backgrounds.
3. Practitioners study, understand, accept, and appreciate their own culture as a basis for relating to the cultures of others. Where differences influence the practitioner's work, the practitioner shall seek training and/or consultation.
4. When unable to provide culturally and linguistically appropriate services to an individual, a practitioner will arrange a referral to alternate or supplementary services.
5. Practitioners demonstrate respect towards the cultural identities and preferences of the individuals they serve, and respect the right of others to hold opinions, beliefs, and values different from their own.
6. Practitioners decline to practice, condone, facilitate, or collaborate with any form of discrimination on the basis of age, gender, gender identity, gender expression, race, color, ethnicity, culture, national origin, language, sex, sexual orientation or preference, religion or spiritual beliefs, marital status, political belief, mental or physical disability, socioeconomic status, or any other preference of personal characteristic, condition or state.
7. Practitioners recognize that families can be an important factor in rehabilitation and strive, with the consent of the person using services, to enlist family understanding and involvement as a positive resource in promoting recovery.

RESOLUTION OF ETHICAL ISSUES

Violation of the Code

A Practitioner found to have violated the Code is subject to temporary suspension and/or permanent revocation of their PRA credential(s). An applicant for a certification examination found to have violated the Code is subject to temporary suspension and/or permanent revocation of their eligibility to sit for an examination. Such suspension and/or revocation may or may not bar subsequent NEW applications to the Certification Program and may carry reasonable terms and conditions as deemed fit by the Commission.

The Ethics Review Panel of the Certification Commission

An Ethics Review Panel, consisting of members of the Commission and/or PRA and PRF Boards (3-5 total), will be appointed by the Chair of the Commission.

Filing an Ethical Grievance

Grievances may be filed by individuals receiving services from the Accused, the colleagues of the Accused, or other interested parties. PRA Staff will review any incoming correspondence suggesting possible Code violations, supply information about the Code and grievance process, and communicate any submitted grievances to the Ethics Review Panel.

The Complainant must specify in their grievance exactly which Fundamental Principle, Fundamental Standard, and/or Guideline for the Principles and Standards within the Code is being violated, and a detailed explanation of the violation. When a grievance is made, the Accused will be immediately notified and asked to respond to the grievance in writing. The Accused will have 30 days to prepare a response and submit it to the Ethics Review Panel for consideration. The Complainant or the Accused may request a hearing in person. Any expenses associated with an in-person hearing must be borne by the individual or agency requesting the face-to-face meeting.

Certification Program Staff will provide copies of the grievance and response to all members of the Ethics Review Panel. Members of The Ethics Review Panel will have 30 days to review the complaint, and to request additional information from either party. The Ethics Review Panel will then meet, virtually or in-person, to discuss their findings, and vote on a decided course of action. Possible findings and related courses of actions are:

A. The complaint is not valid and is dismissed.
    1. All involved parties will be informed of the decision in writing.

B. The complaint is judged valid and:
    1. the Accused will be informed in writing to cease unethical activity;
    2. the Complainant will be notified in writing of the Panels' findings;
    3. the Accused will either:
        i. be suspended from the Certification Program for a specified amount of time (1 to 3 years);
        ii. have their PRA credential(s) temporarily revoked for a specified amount of time (1 to 3 years);
        iii. have their PRA credential(s) permanently revoked;
    4. the suspension and/or revocation will be publicized online at www.psychrehabassociation.org.

Policy for Appeal of an Adverse Finding by the Ethics Review Panel

Adverse findings and related courses of action by the Ethics Review Panel may be appealed to the Commission. The Commission provides due process to those individuals affected by adverse decisions of the Ethics Review Panel. Appeal of adverse findings and/or related courses of action will be heard by an ad-hoc Appeal Review Panel of the Commission. An Accused Practitioner shall retain their PRA credential(s) during the appeal process but must meet all requirements for recertification of the credential(s) as they come due in order to preserve their standing for appeal.

Actions that may be appealed include:

1. An action of "Not Approved" on an application to sit for a certification examination where there has been a finding of:
    A. Denial or Revocation of a professional license, sanction or revocation by a licensing body, or pending complaints against the applicant regarding their work;
    B. Current activity that may be considered a felony, and/or current probation or parole for such activity;
    C. Failure to sign the PRA Practitioner Code of Ethics;
    D. Inaccurate and/or misleading information on the application.
2. An action of "Not Approved" on an application for recertification of a PRA credential(s) where there has been a finding of:
    A. Inaccurate and/or misleading information on the application;
    B. Suspension or revocation of the credential(s) by the Ethics Review Panel;
    C. Failure to sign the PRA Practitioner Code of Ethics.

The following may NOT be appealed:

1. An action of "Not Approved" to sit for a certification examination due to failure to meet eligibility requirements, including payment of fees.
2. Failure to achieve a passing score on a certification examination.
3. Lapse of eligibility to take a certification examination due to failure to pass the examination within the allowed eligibility time period.
4. Suspension or revocation of a PRA credential(s) due to failure to meet requirements for recertification, including payment of fees.

Filing an Appeal:

The Appellant must initiate the appeals process by submitting a letter of appeal. The letter must be received by Certification Department Staff within 30 days after receipt of the notice to the Appellant of the action taken being appealed. The letter of appeal should include the relevant facts of the matter, the action taken, the resolution requested, and any new information the Appellant would like the Appeal Review Panel to consider. The Appellant will be notified of the Appeal Review Panel's decision in writing within 90 days of the date the letter of appeal was received by Certification Department Staff.

The Appeal Review Panel

An Appeal Review Panel, consisting of members of the Commission and/or PRA and PRF Boards (3-5 total), will be appointed by the Chair of the Commission. These are to be different members than those on the Ethics Review Panel.

After hearing all relevant facts and arguments, the Appeal Review Panel may find:

1. the action was legitimate and stands;
2. the action was legitimate, but the terms of the non-approval, suspension and/or revocation will be adjusted; or
3. the action is not legitimate and the requested relief will be granted.

NOTE: A finding of a violation of the Code may be made only by the duly appointed Ethics Review Panel of the Commission, in response to a written complaint that has been signed by the Complainant. Complaints may be made by people receiving services from the Accused; by colleagues of the Accused, or by other interested parties. The Accused may appeal actions taken by the Ethics Review Panel pursuant to the Policy for Appeal of an Adverse Finding by the Ethics Review Panel listed above.

FUNDAMENTAL STANDARDS

These fundamental standards are descriptive ideals indicating how Practitioners can implement the foundational principles. The standards are grouped in sections indicating important areas for ethical practice.

Standard A: Competence

1. Practitioners are proficient in professional practice and the performance of professional functions.
2. Practitioners incorporate recognized psychiatric rehabilitation practices and principles into their work.
3. Practitioners make maximum use of their professional skills, competence, knowledge and advocacy when delivering psychiatric rehabilitation services.
4. When practitioners experience personal problems that may impair their performance, they seek guidance and refrain from professional activities that may be affected.
5. Practitioners obtain training and education and review relevant literature related to the psychiatric rehabilitation field on an ongoing basis and actively incorporate knowledge and/or skill gained into their practice.
6. Practitioners ensure that delivery of their practice and services follows professional practice guidelines, including the core principles of psychiatric rehabilitation and any specific practice guidelines or fidelity requirements that apply to their specific service or program, through ongoing program and practice evaluations.
7. Practitioners participate in professional activities that develop the competence of the profession. Practitioners are responsible for identifying and developing knowledge for professional practice and sharing knowledge and practice wisdom with colleagues.

Code of Ethics

Approved May 7, 2018 by the Certification Commission for Psychiatric Rehabilitation and Recovery

Standard B: Informed Consent

1. Practitioners fully explain the limits of confidentiality to the person using services, at the outset of services and as needed, including providing information about any privacy standards, regulations, or laws.
2. Practitioners fully explain any legal or moral duty to warn requirements.
3. Practitioners ensure that persons served are apprised of their rights regarding sharing of their protected health information.
4. Practitioners obtain written permission of persons receiving services before recording the person's voice or image or permitting third party observation of their activities.
5. Practitioners follow guidelines for safe maintenance, storage, and disposal of the records of persons using their services so that unauthorized persons shall not have access to these records.
6. Practitioners uphold policies and procedures designed to ensure that only persons authorized to access records do so, in keeping with regulations and organizational policies and guidelines.

Standard C: Advocacy

1. Practitioners promote the field of Psychiatric Rehabilitation by supporting the formulation, development, enactment, and implementation of public policies of concern to the profession.
2. Practitioners act to expand choice and opportunity for all persons, in particular those experiencing a psychiatric disability.
3. Practitioners advocate for and assist people to advocate for themselves against discriminatory behavior and to access desired opportunities to further their recovery.
4. Practitioners promote social justice and the general welfare of society by promoting the acceptance of persons who experience mental illness.
5. Practitioners work toward the elimination of discrimination and oppression within society.
6. Practitioners strive to eliminate attitudinal barriers, including stereotyping and discrimination toward people with disabilities.
7. Practitioners demonstrate and promote activities that respect diversity among professionals, individuals served, and local communities.

Standard D: Propriety

1. Practitioners take care to avoid any false, misleading or deceptive actions in setting fees or seeking reimbursement or funding for the services they provide.
2. Practitioners actively work to maintain high standards of personal conduct in their role as a Practitioner.
3. While the private conduct of Practitioners is a personal matter, the actions of these individuals must not compromise the fulfilment of their professional responsibilities or reflect poorly upon the profession.
4. When Practitioners make statements or take actions as private individuals, they clearly distinguish these statements and actions as separate and apart from those taken as a representative of the psychiatric rehabilitation profession, organization, or agency.

Code of Ethics

Approved May 7, 2018 by the Certification Commission for Psychiatric Rehabilitation and Recovery

GUIDELINES FOR THE PRINCIPLES AND STANDARDS

These guidelines are prescriptive statements recommending Practitioner tasks that are essential to ethical practice. The guidelines are grouped into categories that represent areas where ethical practice may create a special challenge for Practitioners. Practitioners should be aware that these guidelines do not cover every possible circumstance where ethical dilemmas may arise. Should an ethical dilemma arise, Practitioners should be able to justify their decisions and actions, including explaining how the Code was considered and applied.

Guideline A: Promotion of Ethical Behavior

1. Practitioners recognize ethical issues and dilemmas.
2. Practitioners seek training in and abide by the Code, as well as other professional codes under which they practice, and consult with colleagues and supervisors regarding resolution of specific ethical dilemmas. When seeking consultation on an ethical issue, Practitioners maintain confidentiality.
3. When a Practitioner believes that a colleague has violated an ethical principle, standard, or guideline, they bring that concern to the individual for informal resolution prior to reporting it.
4. In the event that a Practitioners fails to conduct themselves in accordance with the Code, persons receiving services, advocates, or other professionals can initiate a complaint to the Ethics Review Panel. The Ethics Review Panel will review the complaints and issue its findings.
5. Practitioners avoid the appearance of impropriety that may result from apparent conflict of interests or accepting substantial gifts from people using their services.

Guideline B: Practice Responsibilities

1. Practitioners actively apply psychiatric rehabilitation principles, practices, multicultural standards, guidelines for involvement of persons using services, and the PRA Code of Ethics in their practice and service delivery.
2. Practitioners are knowledgeable of, and act in accordance with, all laws and statutes in the legal jurisdiction (local to national) in which they practice regarding any and all issues that affect, or may affect, their practice.
3. Practitioners recognize and practice within the boundaries of their competence and work to improve their knowledge and skills in those approaches most effective with the individuals who use their services.

Guideline C: Confidentiality

1. Practitioners describe the protections and limits of confidentiality with individuals at the onset of service provision, using language that is clear and understandable to the person using services.
2. Practitioners explicitly describe the purposes for which personal information is obtained and how it may be used.
3. Practitioners explain to service users how to make their preferences known regarding their right to determine who can and cannot have access to their records, or knowledge of their treatment.
4. Practitioners using descriptions of an individual and/or clinical materials or information in teaching, writing, consulting, research, and public presentations do so only if a written waiver has been obtained from the individual or when appropriate steps have been taken to de-identify the data/information used to protect the person's identity and confidentiality.
5. Practitioners inform people receiving services when their services are being provided by an individual who is under supervision. Practitioners inform the person using services who the supervisor is and offer the person in services an opportunity to meet with the supervisor.

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Guideline D: Rights Protection

1. Practitioners do not intimidate, threaten, harass, use undue influence or make unwarranted promises of benefits to persons receiving services.
2. Practitioners avoid coercion, even in its subtle forms that may lead to a misuse of the power and influence of the practitioner role.
3. Where conflicts arise between organizational or system demands and the rights of an individual using services, the practitioner supports and advocates for the rights of that individual.

Guideline E: Individualization

1. Practitioners recognize cultural, individual and role differences due to factors such as age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language and socioeconomic status.
2. Practitioners perform assessments and use interventions and modalities that are appropriate to the person's determined needs, beliefs, and behaviors.

Guideline F: Multiple Roles and Relationships

1. Practitioners refrain from entering into multiple roles and relationships with persons receiving their services. When multiple roles and relationships are unavoidable, it is the responsibility of the Practitioner to conduct themselves in a way that does not jeopardize the integrity of the helping relationship, and seek supervision to handle any real or potential conflicts.
2. Practitioners shall under no circumstances engage in sexual activities and intimate relationships with individuals to whom they are providing or have provided services.
3. Practitioners avoid relationships or commitments that conflict with the interests of persons receiving services, impair professional judgment, or create risk of harm to persons receiving services, and seek supervision should such situations arise.
4. Practitioners follow organizational policies and guidelines and consider potential complications of accepting gifts from people using their services, while recognizing that, in some cultures, small gifts are a token of respect and gratitude.
5. Practitioners are aware of professional boundaries in collegial relationships, including supervision, and manage non-professional roles in a manner that does not compromise the professional relationship.

Guideline G: Supervision

1. Supervisors who are Practitioners seek training and build competence in both clinical practice and supervision.
2. Supervisors guide supervisees in following the Code.
3. Supervisors ensure clear communication in establishing competency standards.
4. Supervisors support supervisees in setting professional development goals and detailing the tasks to achieve them.
5. Supervisors model and engage supervisees in objective and balanced self-assessment.
6. Supervisors inform supervisees about performance expectations, including competencies required, standards for acceptable completion of job duties, and any rules, policies, and procedures that relate to general practice.
7. Supervisors refrain from entering into multiple roles and relationships with supervisees. When multiple roles and relationships are unavoidable, it is the responsibility of the supervisor to conduct himself/herself in a way that does not jeopardize the integrity of the supervising relationship.

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Approved May 7, 2018 by the Certification Commission for Psychiatric Rehabilitation and Recovery

Guideline H: Termination of Service

1. Practitioners discontinue professional relationships with individuals using their services when it is in the best interest of those persons, when such service and relationships are no longer desired or needed, or in the event continued service will result in a violation of the Code.
2. When an interruption of services is anticipated, Practitioners promptly notify individuals receiving services and engage them in discharge planning or an appropriate transfer to another Practitioner, if necessary.
3. Upon the conclusion of the helping relationship, it is the Practitioner's responsibility not to enter into any relationship with the individual formerly receiving services that could create a risk of harm to that individual.

Guideline I: Service Coordination

1. To the extent desired by the individual receiving services, Practitioners collaborate with others serving the same individual, including natural community supports such as: peers, traditional healers, and spiritual or other supports, to assure the most effective services.
2. Practitioners assume professional responsibility for individuals receiving services from another agency or a colleague only after appropriate notice to that agency or colleague.
3. Practitioners seek advice and counsel of colleagues and supervisors whenever such consultation is in the best interest of individuals receiving services, in a way that protects the confidentiality of the individual receiving services.

Guideline J: Collegial Relationships

1. Practitioners treat colleagues with respect, courtesy, fairness, and in good faith, and uphold the Code in dealing with colleagues.
2. Practitioners are transparent in defining their ongoing professional relationship with those colleagues whom they employ, supervise, or mentor, especially when those relationships change.
3. Practitioners create and maintain conditions of practice that facilitate ethical and competent professional performance by colleagues and assume responsibility to assist colleagues to deal with ethical issues.
4. Practitioners treat with respect, and represent accurately and fairly, the qualifications, views, and findings of colleagues.
5. Practitioners give credit to original source of ideas and material – whenever possible.
6. Practitioners cooperate with colleagues to promote professional interests and concerns.
7. Practitioners respect confidences shared by colleagues in the course of their professional relationships and transactions.

Signature and Commitment

My signature below indicates that I have read, and agree to abide by, the PRA Code of Ethics.

Full Name (Printed): _____

Signature: _____ Date Signed: _____

Psychiatric Rehabilitation Association

Growing and Training the Recovery Workforce

PRINCIPLES OF MULTICULTURAL PSYCHIATRIC REHABILITATION SERVICES

Executive Summary

PRA recognizes the striking disparities in mental health care found for cultural, racial and ethnic minorities in the USA, and endorses these ten principles as the foundation for providing effective multicultural psychiatric rehabilitation services. This endorsement supports recommendation regarding multicultural diversity published in the Mental Health: A Report of the Surgeon General (1999) *and* Mental Health: Culture, Race, Ethnicity: Supplement to Mental Health: Report of the Surgeon General (2001).

Principle 1: Psychiatric rehabilitation practitioners recognize that **culture is central, not peripheral, to recovery**, as culture is the context that shapes and defines all human activity.

Principle 2: Psychiatric rehabilitation practitioners study, understand, accept, and appreciate their own cultures as a basis for relating to the cultures of others.

Principle 3: Psychiatric rehabilitation practitioners **engage in the development of ongoing cultural competency**, in order to increase their awareness and knowledge, and to develop the skills necessary for appropriate, effective cross-cultural interventions.

Principle 4: Psychiatric rehabilitation practitioners recognize that **thought patterns and behaviors are influenced by a person's worldview, ethnicity and culture** of which there are many. Each worldview is valid and influences how people perceive and define problems; perceive and judge the nature of help given; choose goals; and develop or support alternative solutions to identified problems.

Principle 5: Psychiatric rehabilitation practitioners recognize that discrimination and oppression exist within society; these take many forms, and are often based on perceived differences in color, physical characteristics, language, ethnicity, gender, gender identity, sexual orientation, class, disability, age, and/or religion. Psychiatric rehabilitation practitioners play an active role and are **responsible for mitigating the effects of discrimination associated with these barriers** and must advocate, not only for access to opportunities and resources, but also for the elimination of all barriers that promote prejudice and discrimination.

Principle 6: Practitioners **apply the strengths/wellness approach to all cultures**.

Principle 7: Psychiatric rehabilitation practitioners show respect towards others by **accepting cultural values** and beliefs that emphasize process **or** product, as well as harmony **or** achievement. They demonstrate that respect by appreciating cultural preferences that value relationships and interdependence, in addition to individuality and independence.

Principle 8: Psychiatric rehabilitation practitioners accept that **solutions to any problem are to be sought within individuals, their families (however they define them), and their cultures**. The person using psychiatric rehabilitation services and his/her family are sources of expanding the practitioner's knowledge about that culture, how to interpret behaviors, and how to integrate these cultural perspectives into a rehabilitation/recovery plan. Alternatives identified by service providers are offered as supplementary or educational, rather than compulsory.

Principle 9: Psychiatric rehabilitation practitioners **provide interventions that are culturally syntonic**, and accommodate culturally determined strengths, needs, beliefs, values, traditions, and behaviors.

Principle 10: Psychiatric rehabilitation practitioners are responsible for **actively promoting positive inter-group relations**, particularly between the people who attend their programs and with the larger community.

Psychiatric Rehabilitation Association

CPRP CERTIFIED PSYCHIATRIC REHABILITATION PRACTITIONER

PRINCIPLES OF MULTICULTURAL PSYCHIATRIC REHABILITATION SERVICES

PRA recognizes the striking disparities in mental health care found for cultural, racial and ethnic minorities in the USA, and endorses these ten principles as the foundation for providing effective multicultural psychiatric rehabilitation services. This endorsement supports recommendation regarding multicultural diversity published in the Mental Health: A Report of the Surgeon General (1999) *and* Mental Health: Culture, Race, Ethnicity: Supplement to Mental Health: Report of the Surgeon General (2001).

Principle 1: Psychiatric rehabilitation practitioners recognize that **culture is central, not peripheral, to recovery**, as culture is the context that shapes and defines all human activity.

Every individual has a worldview and culture. Culture includes, for example, gender, gender identity, sexual orientation, race/ethnicity, level of ability/disability, age, religion/spirituality and socioeconomic status. Worldview refers to the essential truths and assumptions on which interactions with others and reactions to events are based. Worldview determines a person's perceptions and understanding of his or her relation to spirituality, humans, nature and the universe. Culture is a predominant force within worldview, shaping behaviors, values, and institutions. A culturally responsive psychiatric rehabilitation practitioner understands and appreciates that a person's strengths can be rooted in each person's culture, and that differences between people are to be appreciated as sources of enrichment that can expand the options available to solve problems. Psychiatric rehabilitation practitioners respect the unique, culturally defined needs of all individuals, and believe that diversity within cultures is as important as diversity between cultures. Psychiatric rehabilitation practitioners also recognize that each individual is unique and has retained varied aspects of the beliefs, traditions, and values of his or her culture(s) of origin, although an individual may or may not accept those beliefs, traditions, and values. In addition, any individual may have assimilated or acculturated to the dominant culture to a greater or lesser degree. Factors related to a person's country of origin and immigration, and that of his or her family, impact understanding and acceptance of the dominant culture, whether that immigration or migration was recent or distant.

Principle 2: Psychiatric rehabilitation practitioners study, understand, accept, and appreciate their own cultures as a basis for relating to the cultures of others.

The essence of multiculturalism is the study of one's own culture and ethnicity as the basis for understanding and identifying with those from others. Interpersonal encounters are not "objective" or "value-free" even when these encounters occur in a therapeutic or rehabilitation relationship. In many cultures, encounters and experiences influence simultaneously the mind, body, and spirit, creating both objective and subjective effects. The insights, suggestions, and approaches offered by a psychiatric rehabilitation practitioner arise naturally from the practitioner's personal beliefs, values, and social positions. Psychiatric rehabilitation practitioners need to be aware of their own worldviews, ethnicities and cultures and how these affect their approaches to providing rehabilitation and recovery-oriented services. Psychiatric rehabilitation practitioners may know intellectually about the importance of preventing their own biases from interfering with their ability to work with people in recovery. However, psychiatric rehabilitation practitioners also need to appreciate their own culture as a basis for forming partnerships with people in recovery. Psychiatric rehabilitation practitioners also accept that their own identities are complex and contain aspects of cultures with which they have interacted.

Principle 3: Psychiatric rehabilitation practitioners **engage in the development of ongoing cultural competency**, in order to increase their awareness and knowledge, and to develop the skills necessary for appropriate, effective cross-cultural interventions.

Psychiatric rehabilitation practitioners need to be committed to learning about problems and issues that adversely and disproportionately affect the various cultural groups with whom they work. They must recognize that every human encounter is a cross-cultural encounter, as no two individuals have identical experiences and backgrounds. Cultural

competency training provides more than information about individual cultures; it provides ongoing opportunities for personal exploration and developing self-awareness. In addition, cultural competency training goes beyond a focus on providing services to individuals, but considers cultural competence within supervision, at the program and organizational levels, and throughout the larger service system.

Principle 4: Psychiatric rehabilitation practitioners recognize that **thought patterns and behaviors are influenced by a person's worldview, ethnicity and culture** of which there are many. Each worldview is valid and influences how people perceive and define problems; perceive and judge the nature of help given; choose goals; and develop or support alternative solutions to identified problems.

Individuals who use psychiatric rehabilitation services are recognized as the drivers of the rehabilitation process, and choose their own goals. Psychiatric rehabilitation assessments examine strengths and needs relative to achievement of those person-centered goals. Psychiatric rehabilitation practitioners routinely include an exploration of an individual's worldview as part of the process of psychiatric rehabilitation, recognizing that this worldview will influence the selection of personal goals and the commitment to achieving them. Any person from a non-mainstream cultural/ethnic group has to be bicultural to succeed in the mainstream culture, and psychiatric rehabilitation practitioners recognize that this bicultural stance, along with demands to acculturate, creates its own set of mental health issues and identify conflicts. People's relationships to their reference group, along with their personal satisfaction, goals, and comfort need to be considered when they are making choices influenced by cultural identity, whether that identify be mono- or multi-cultural.

Principle 5: Psychiatric rehabilitation practitioners recognize that discrimination and oppression exist within society; these take many forms, and are often based on perceived differences in color, physical characteristics, language, ethnicity, gender, gender identity, sexual orientation, class, disability, age, and/or religion. Psychiatric rehabilitation practitioners play an active role and are **responsible for mitigating the effects of discrimination associated with these barriers** and must advocate, not only for access to opportunities and resources, but also for the elimination of all barriers that promote prejudice and discrimination.

Stigmatization, rejection, and discrimination must be addressed as rights violations, as well as barriers to the attainment of health and full participation in society and community. Every defined population group and every individual has unique, culturally defined needs and strengths. Psychiatric rehabilitation practitioners understand that people who use psychiatric rehabilitation services are usually best served by persons who are part of or are aware and knowledgeable of that culture, while recognizing that membership in a particular cultural group does not, in itself, create competence as a practitioner. In order to ensure the inclusion of all, psychiatric rehabilitation practitioners need to actively engage in their programs people from diverse backgrounds that reflect the demographics of the community served. In addition, it is a moral and ethical obligation of psychiatric rehabilitation practitioners to combat discrimination, to advocate for inclusiveness, and to remove barriers to service use.

Principle 6: Practitioners **apply the strengths/wellness approach to all cultures**.

Culturally competent psychiatric rehabilitation practitioners understand and appreciate that individuals' strengths are often based in their cultures, and that each culture has its own values for defining wellness. For many people, culture can give warmth, security, and a sense of belonging and identity, although this may not be a universal experience. Psychiatric rehabilitation practitioners seek understanding of the positive and healthy contributions provided by a person's culture(s). Psychiatric rehabilitation practitioners function with the awareness that people's dignity is not guaranteed unless the dignity of their culture and people are preserved.

Principle 7: Psychiatric rehabilitation practitioners show respect towards others by **accepting cultural values** and beliefs that emphasize process **or** product, as well as harmony **or** achievement. They demonstrate that respect by appreciating cultural preferences that value relationships and interdependence, in addition to individuality and independence. Psychiatric rehabilitation has its origins in a Western humanistic worldview, based predominantly on United States and British culture. Most mental health

service systems in the U.S. place a great deal of emphasis on outcomes, especially achievement of independence and success in role functioning, such as competitive employment. Psychiatric rehabilitation practitioners recognize that people who use psychiatric rehabilitation services will have a variety of definitions of what constitutes success, satisfaction, and recovery. Rather than relying on a single, standardized set of procedures and outcomes, psychiatric rehabilitation practitioners help create processes relevant to the individuals seeking services and focuses on goals and outcomes that have meaning for those individuals, their families (as relevant), and their culture(s).

Principle 8: Psychiatric rehabilitation practitioners accept that **solutions to any problem are to be sought within individuals, their families (however they define them), and their cultures**. The person using psychiatric rehabilitation services and his/her family are sources of expanding the practitioner's knowledge about that culture, how to interpret behaviors, and how to integrate these cultural perspectives into a rehabilitation/recovery plan. Alternatives identified by service providers are offered as supplementary or educational, rather than compulsory.

Natural systems (e.g., family, community, church, healers) are the primary mechanisms of support for many individuals and populations. Individuals are served in various ways and to varying degrees by their natural system. To the extent desired by individuals, and accepted by their culture(s), these natural systems need to be active components in people's rehabilitation and recovery. When desired by the person receiving psychiatric rehabilitation services, practitioners start with the person's "family" as the primary and preferred point of interventions—with "family" being defined by that person's culture (i.e., nuclear, extended, and/or fictive [chosen]).

Principle 9: Psychiatric rehabilitation practitioners **provide interventions that are culturally syntonic**, and accommodate culturally determined strengths, needs, beliefs, values, traditions, and behaviors.

Racial, ethnic, and cultural factors play major roles in the expression of distress, help-seeking behaviors, and ways of understanding problems and psychiatric disabilities. Psychiatric rehabilitation programs and practitioners should strive to conduct all rehabilitation activities in the preferred communication style and language of consumers, their family members, and/or significant others. Treatment and rehabilitation modalities often need to be modified in order to be compatible with other factors, for example: family/group patterns and structures; communication, cognitive, behavioral, and learning styles; identity development; perceptions of illness; and help seeking behaviors. Informed consent and individual choice also may require involvement of family members and significant others.

Principle 10: Psychiatric rehabilitation practitioners are responsible for **actively promoting positive inter-group relations**, particularly between the people who attend their programs and with the larger community.

An important principle of psychiatric rehabilitation is that of integration into the community. This principle applies not only to assisting individuals to become integrated into their communities of choice, but also to the integration of psychiatric rehabilitation programs into the surrounding communities. Involvement of persons who use psychiatric rehabilitation services, their families, significant others, and representatives from all communities served is needed to foster community integration and maximize access to services. Involvement in the program should be encouraged from community members, especially elders, leaders, and representatives of the diverse groups within the larger social context, while recognizing that one may need to reach far in order to get the needed expertise. Similarly, psychiatric rehabilitation practitioners should generate mechanisms for their programs to receive feedback and contribute to the communities that support them.

Resources

Mental Health: A Report of the Surgeon General (1999);

Mental Health: Culture, Race, Ethnicity: Supplement to Mental Health: Report of the Surgeon General (2001);
http://download.ncadi.samhsa.gov/ken/pdf/SMA-01-3613/sma-01-3613A.pdf

Psychiatric Rehabilitation Association

CPRP CERTIFIED PSYCHIATRIC REHABILITATION PRACTITIONER

2014 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.

Psychiatric Rehabilitation Association

CPRP CERTIFIED PSYCHIATRIC REHABILITATION PRACTITIONER

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.

Psychiatric Rehabilitation Association

CPRP CERTIFIED PSYCHIATRIC REHABILITATION PRACTITIONER

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 Recommended Reading 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.

Texts

Anthony, W., Cohen, M., & Farkas, M., & Gagne, C. (2002). *Psychiatric rehabilitation* (2nd ed.). Boston, MA: Center for Psychiatric Rehabilitation at Boston University.

Anthony, W.A., & Furlong-Norman, K. (Eds). (2011). *Readings in psychiatric rehabilitation and recovery.* Boston, MA: Boston University Center for Psychiatric Rehabilitation.

Corey, G., Corey, M.S., & Callanan, P. (2006). *Issues and ethics in the helping professions* (7th ed.). Pacific Grove, CA: Brooks/Cole.

Corrigan, P.W., Mueser, K. T., Bond, G. R., Drake, R. E., & Solomon, P. (2009). *Principles and practice of psychiatric rehabilitation: An empirical approach.* NY, NY: Guilford Press.

Corrigan, R.O. & Corrigan, P.W. (2005). *Recovery in mental illness: Broadening our understanding of wellness.* Washington, DC: American Psychological Association.

Cottone, R. R., & Tarvydas, V. M. (2006). *Counseling ethics and decision-making* (3rd ed). Upper Saddle River, NJ: Prentice Hall.

Davidson, L., Harding, C., & Spaniol, L. (Eds.). (2005). *Recovery from severe mental illnesses: Research evidence and implications for practice* (Vols. 1 & 2). Boston, MA: Center for Psychiatric Rehabilitation at Boston University**.**

Drake, R. E. (2012). *Individual placement and support: An evidence-based approach to supported employment (EvidenceBased Practice).* NY, NY: Oxford University Press.

Farkas, M., Sullivan-Soydan, A., & Gagne, C. (2000). *Introduction to rehabilitation readiness*. Boston, MA: Center for Psychiatric Rehabilitation at Boston University.

Hasenfeld, Y. (2010). *Human service as complex organizations.* Los Angeles, CA: Sage Publications.

Pratt, C., Gill, K., Barrett, N., & Roberts, M. (2013). *Psychiatric rehabilitation* (3rd ed.). San Diego, CA: Academic Press.

Ralph, R. O. & Corrigan P.W. (2007). *Recovery in mental illness: Broadening our understanding of wellness.* Washington, DC. American Psychological Association.

Rapp, C.A. & Goscha, R.J. (2006). *The strengths model: Case management with people with psychiatric disabilities* (3rd ed.). NY: Oxford University Press.

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Rudnick, A. (2012). *Recovery of people with mental illness: Philosophical and related perspectives.* New York: Oxford University Press.

Rudnick, A., Roe, D., & Anthony, W. (2011*). Serious mental illness: Person-centered approaches*. Opa-Locka, FL: Radcliffe Publishing.

Spaniol, L., Gagne, C., & Koehler, M. (1997). *Psychological and social aspects of psychiatric disability.* Boston, MA: Center for Psychiatric Rehabilitation at Boston University.

Sue, D.W., & Sue, D. (2007). *Counseling the culturally diverse: Theory and practice* (5th ed.). New York. John Wiley & Sons.

Swanson, S. J. & Becker, D. R. (2011). *Supported employment: Applying the individual placement and support (IPS) model to help clients compete in the workforce* (1st ed.). Center City, MN: Hazelden.

Swarbrick, M. (2011). Expertise from experience: mental health recovery and wellness. In Eds. Graham, G., Thornicroft, G., Szmukler, G., Mueser, KT., & Drake, RE. *Oxford Textbook of Community Mental Health.* New York: Oxford University Press.

Wolfensberger, W. (2003). *Leadership and change in human services*. New York: Routledge; Taylor Francis Group.

Journal Articles

Brice, G., Swarbrick M., & Gill, K. (2014). Promoting the health of peer providers through wellness coaching. *Psychosocial Nursing Journal,* 52(1), 41-45.

Caldwell, B., Sclafani, M., Swarbrick, M. & Piren, K. (2010). Psychiatric nursing practice and the recovery model of care. *Psychosocial Nursing Journal,* 48 (7), 42-48.

Gill, K., Murphy, A., Spagnolo, A., Zechner, M., & Swarbrick, M. (2009). Co-morbid psychiatric and medical disorders: Challenges and strategies. *Journal of Rehabilitation* (75), 32-40.

Gutman, S., & Swarbrick, P. (1998). The multiple linkages between childhood sexual abuse, adult alcoholism, and traumatic brain injury in women: A set of guidelines for practice. *Occupational Therapy Mental Health Journal,* 14, (3), 33-65.

Pallaveshi, L., Zisman-Ilani, Y., Roe, D. & Rudnick, A. (2013). Psychiatric rehabilitation pertaining to health care environments: Facilitating skills and supports of people with mental illness in relation to their mental and physical health care. *Current Psychiatry Reviews*, 9(3):214-259.

Roe, D., & Swarbrick, M. (2007) Recovery-oriented approach to psychiatric medication: Guidelines for practitioners. *Journal of Psychosocial Nursing,* 45 (2) *35-40.*

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Swarbrick, M. & Yudof, I. *(2009).* Words of wellness. *Occupational Therapy in Mental Health,* (25), 367-412.
Swarbrick, M. (2013). Wellness-oriented peer approaches: A key ingredient for integrated care. *Psychiatric Services,* 64 (8), 72326.

Swarbrick, M. (1997). A wellness model for clients. *Mental Health Special Interest Section Quarterly,* 20, 1-4.

Swarbrick, M., & Brice, G. (2006). Sharing the message of hope, wellness and recovery with consumers and staff at psychiatric hospitals. *American Journal of Psychiatric Rehabilitation,* 9, 101-109.

Swarbrick, M., & Burkhardt, A. (2000). The spiritual domain of health. *Mental Health Special Interest Section Quarterly, 23,* 1-3.

Swarbrick, M., & Fitzgerald, C. (2011). The million hearts initiative: Why psychosocial nurses should care. *New England Journal of Medicine,* 365:e27.

Swarbrick, M., & Moosvi, K. (2010). Wellness: A practice for our lives and work. *Journal of Psychosocial Nursing,* 48 (7), 23.

Swarbrick, M., Cook, J., Razzano, L., Yudof, J., Cohn, J., Fitzgerald, C., Redman, B., Costa, M., Carter, T. Burke, K., & Yost, C. (2013). Health screening dialogues. *Psychosocial Nursing Journal,* 51(12), 22-28.

Swarbrick, M., Hutchinson, D., & Gill, K. (2008). The quest for optimal health: Can education and training cure what ails us? *International Journal of Mental Health,* 37(2), 69-88.

Swarbrick, M., Roe, D.,Yudof, J., & Zisman, Y. (2009). Participant perceptions of a peer wellness and recovery education program. *Occupational Therapy in Mental Health,* (25), 312-324.

Materials developed and/or published by the Psychiatric Rehabilitation Association

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Best Practices in Psychosocial Rehabilitation (2013) (2nd Ed.). ISBN-13:9780965584357 .

Code of Ethics for Psychiatric Rehabilitation practitioners (published by the Certification Commission: 2012).

People in Recovery as Providers of Psychiatric Rehabilitation (2010).

Psychiatric Rehabilitation Language Policy Guidelines. (published by IAPSRS: 2003)

Psychiatric Rehabilitation Principles of Multicultural Psychiatric Rehabilitation Services. (published by USPRA: 2008).

Psychiatric Rehabilitation Skills in Practice: A CPRP Preparation and Skills Workbook (2006).

Nicolellis, D. (2002). Supported Education and Psychiatric Rehabilitation: Models and Methods. Boston University:

Center for Psychiatric Rehabilitation.

Psychiatric Rehabilitation Journal (all articles/all volumes)

Psychiatric Rehabilitation Association

Growing and Training the Recovery Workforce

CPRP Knowledge, Skills & Abilities

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.)

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CPRP Knowledge, Skills & Abilities

- 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 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

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CPRP Knowledge, Skills & Abilities

- 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

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Growing and Training the Recovery Workforce

CPRP Knowledge, Skills & Abilities

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 inter-relationship 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

Psychiatric Rehabilitation Association

Growing and Training the Recovery Workforce

CPRP Knowledge, Skills & Abilities

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

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CPRP Knowledge, Skills & Abilities

- 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

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Growing and Training the Recovery Workforce

CPRP Knowledge, Skills & Abilities

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

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Growing and Training the Recovery Workforce

CPRP Knowledge, Skills & Abilities

- 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

CHILD AND FAMILY RESILIENCY PRACITIONER 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.

CHILD AND FAMILY RESILIENCY PRACITIONER EXAM BLUEPRINT

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.

CHILD AND FAMILY RESILIENCY PRACITIONER EXAM BLUEPRINT

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.

CHILD AND FAMILY RESILIENCY PRACITIONER EXAM BLUEPRINT

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.

CHILD AND FAMILY RESILIENCY PRACITIONER EXAM BLUEPRINT

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 Reading 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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Rey, J.M. (Ed.). *IACAPAP Textbook of Child and Adolescent Mental Health.* International Association for Child and Adolescent Psychiatry and Allied Professions: Geneva
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Hjense, P., Hoagwood, S. & Eaton, K. (2008). *Improving Children's Mental Health Through Parent Empowerment: A guide to assisting families.* New York, NY: Oxford University Press. ISBN: 9780195320909

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