

Rhode Island Certified Peer Specialist (CPS) Certification practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Is it acceptable to share how spirituality has affected your recovery if you do not push beliefs or judge others?**
 - A. Yes**
 - B. No**
 - C. Only with certain clients**
 - D. Never discuss spirituality**

- 2. Which statement best reflects CPSS boundaries regarding romantic or sexual relationships with clients?**
 - A. They are unethical and not allowed**
 - B. They are allowed if the supervisor approves**
 - C. They may occur after the client is discharged**
 - D. They are permissible if both parties are not in a professional capacity**

- 3. What is required to release information to another provider?**
 - A. A signed release of information that specifies what data may be disclosed and for what purpose, consistent with privacy laws.**
 - B. Verbal consent from the client only.**
 - C. No consent is needed if the provider is in-network.**
 - D. A court order is always required.**

- 4. It is okay for you to tell a person your opinion of their diagnosis.**
 - A. It depends**
 - B. Not sure**
 - C. False**
 - D. True**

- 5. Anger makes symptoms worse, so we discourage a person's expression of anger.**
 - A. True**
 - B. Sometimes**
 - C. False**
 - D. Cannot determine**

- 6. Why is obtaining consent to share information important in CPS practice?**
- A. It replaces the need for a written note of progress.**
 - B. It means data can be shared only with law enforcement.**
 - C. Obtaining consent to share information is important because it documents client agreement to share information with relevant team members, supporting privacy and collaboration.**
 - D. It allows unlimited sharing with any third party without restriction.**
- 7. After making a referral to a community resource, what is a CPS priority?**
- A. Do nothing and close the case.**
 - B. Follow-up to assess engagement and outcomes.**
 - C. Only follow up if the client asks.**
 - D. Re-referral immediately regardless of outcome.**
- 8. As a CPSS, we need to agree with the cultural beliefs and practices of the people we assist so they can feel comfortable.**
- A. False**
 - B. True**
 - C. Sometimes**
 - D. It depends on beliefs**
- 9. A CPS should support service choices by which approach?**
- A. Provide information, support decision-making, respect choices, and avoid coercion**
 - B. Make the final decision**
 - C. Coerce to ensure compliance**
 - D. Delay decisions indefinitely**
- 10. Which option best reflects professional boundary practice when interacting with peers who are in recovery?**
- A. Maintain professional boundaries, avoid dual relationships, and seek supervision if issues arise.**
 - B. Start a personal friendship outside work.**
 - C. Share client information with peers.**
 - D. Ignore agency policies.**

Answers

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1. A
2. A
3. A
4. C
5. C
6. C
7. B
8. A
9. A
10. A

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Explanations

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1. Is it acceptable to share how spirituality has affected your recovery if you do not push beliefs or judge others?

A. Yes

B. No

C. Only with certain clients

D. Never discuss spirituality

In peer support, sharing how spirituality has helped your own recovery is appropriate as long as you don't push beliefs or judge others. Personal experiences can offer hope, relate to what a client may be going through, and demonstrate practical ways to cope, which can be empowering for someone exploring their own path. The key is to keep the disclosure non-coercive and focused on the client's goals—share briefly, frame it as your experience, and invite the client to share what resonates or to set their own boundaries. If the client isn't interested, or if their beliefs differ, respect that and stay with their recovery needs. This reminds us that support is about meeting people where they are and honoring diverse perspectives. Options that suggest withholding discussion entirely or restricting it to only some clients don't fit a respectful, client-centered approach.

2. Which statement best reflects CPSS boundaries regarding romantic or sexual relationships with clients?

A. They are unethical and not allowed

B. They are allowed if the supervisor approves

C. They may occur after the client is discharged

D. They are permissible if both parties are not in a professional capacity

The key idea is that intimate or romantic relationships with a current client violate professional boundaries and create a dangerous power imbalance. When someone is in a helping role, the client may rely on and trust them in ways that can be exploited, harming the client's safety, autonomy, and recovery. A supervisor's okay does not override this fundamental ethical boundary, because crossing it undermines trust and the integrity of the support relationship. The fact that a client is discharged or that both parties are no longer in a professional capacity does not erase the potential for harm or the lingering impact of the past relationship on the client. For these reasons, such relationships are considered unethical and not allowed.

3. What is required to release information to another provider?

- A. A signed release of information that specifies what data may be disclosed and for what purpose, consistent with privacy laws.**
- B. Verbal consent from the client only.**
- C. No consent is needed if the provider is in-network.**
- D. A court order is always required.**

Sharing information with another provider requires a written, signed release that specifies exactly what data may be disclosed and for what purpose, and it must align with privacy laws. This written authorization gives the client control over what is shared and with whom, and it restricts disclosure to the minimum information needed for the stated purpose. Verbal consent isn't enough to authorize sharing of protected information, because there's no reliable way to document what was disclosed and to whom, and privacy rules require a written form. Being in-network doesn't remove the need for consent, since confidentiality protections still apply. A court order is not the usual requirement for routine sharing when the client has provided a valid release; it's only needed in certain legal situations or when consent isn't available.

4. It is okay for you to tell a person your opinion of their diagnosis.

- A. It depends**
- B. Not sure**
- C. False**
- D. True**

Understanding boundaries in peer support is key: you don't provide medical opinions or diagnoses. Diagnoses are professional judgments made by qualified clinicians, based on assessments and medical criteria. Sharing your own opinion about someone's diagnosis can mislead, undermine trust, or cause unnecessary harm. Instead, focus on support you can offer. Validate how the person feels, discuss how the diagnosis affects daily life, and help them identify coping strategies and practical steps. If they're unsure about their diagnosis, encourage them to talk with their clinician and offer to help them prepare questions or understand information they're given. You can acknowledge the clinician's role and, when appropriate, help them connect with resources or support groups, while avoiding making or disputing medical judgments yourself. If a person expresses immediate distress or danger, follow safety guidelines and connect them to appropriate crisis resources.

5. Anger makes symptoms worse, so we discourage a person's expression of anger.

- A. True**
- B. Sometimes**
- C. False**
- D. Cannot determine**

Anger is a natural emotion and a signal about unmet needs or stress that deserves attention, not blanket suppression. In recovery-focused support, the goal is to help a person express anger in a safe, constructive way, validate the feeling, and explore what they need or want to change. When anger is acknowledged and discussed, the person can identify triggers, describe how it feels in their body, and develop coping or problem-solving steps, which can reduce overall distress and associated symptoms. Simply discouraging anger expression can keep distress inside, heighten tension, and potentially worsen symptoms or erode trust and communication. The exception is when anger becomes unsafe or harmful; in those cases, set clear boundaries and teach safety and de-escalation while still validating the underlying feelings. So, the statement is not accurate.

6. Why is obtaining consent to share information important in CPS practice?

- A. It replaces the need for a written note of progress.**
- B. It means data can be shared only with law enforcement.**
- C. Obtaining consent to share information is important because it documents client agreement to share information with relevant team members, supporting privacy and collaboration.**
- D. It allows unlimited sharing with any third party without restriction.**

In CPS practice, consent to share information is the permission that documents the client's agreement to let the team see and use their information. The best reason this matters is that it protects the client's privacy while enabling coordinated support. When consent is in place, only the people who need to know—such as the case manager, therapist, or other relevant team members—have access to specific information, and everyone knows who can see what and for what purpose. This shared understanding helps the team plan and deliver consistent, collaborative care, without exposing details to people who don't need them. Think of consent as a clear, client-driven boundary that also unlocks essential teamwork. It ensures information isn't shared randomly or indefinitely; it specifies who can receive information, what can be shared, and for how long, and it can be adjusted if the client's choices change. This is different from options that imply replacing written notes, only sharing with law enforcement, or sharing without any restrictions, none of which align with how privacy and teamwork should work in practice.

7. After making a referral to a community resource, what is a CPS priority?

- A. Do nothing and close the case.
- B. Follow-up to assess engagement and outcomes.**
- C. Only follow up if the client asks.
- D. Re-referral immediately regardless of outcome.

After making a referral, the priority is to follow up with the client to see whether they engaged with the resource and what outcomes they're experiencing. This keeps the support plan active, helps identify any barriers, and allows you to adjust as needed to support recovery. Following up shows ongoing connection and accountability, which is central to the CPS role in helping people access and benefit from community resources. Other options miss this ongoing engagement: doing nothing ends support, waiting for the client to ask for follow-up shifts responsibility away from the helper, and re-referring immediately without checking progress can overwhelm the client or duplicate efforts.

8. As a CPSS, we need to agree with the cultural beliefs and practices of the people we assist so they can feel comfortable.

- A. False**
- B. True
- C. Sometimes
- D. It depends on beliefs

Respecting people's cultural beliefs and practices is essential in peer support, but you don't have to agree with them to be supportive. The approach is cultural humility: listen, validate the person's experiences, and reflect back what matters to them, while supporting their choices and recovery goals. You can incorporate culturally relevant supports and ask respectful questions without endorsing or adopting those beliefs yourself. If a belief conflicts with safety or boundaries, address it openly and collaboratively, not by insisting you must agree.

9. A CPS should support service choices by which approach?

- A. Provide information, support decision-making, respect choices, and avoid coercion**
- B. Make the final decision
- C. Coerce to ensure compliance
- D. Delay decisions indefinitely

Supporting service choices means helping the person make decisions in a way that respects their voice and control. A CPS provides clear, understandable information about options and potential outcomes, then supports the person as they weigh those options and decide what fits their goals. The focus is on the person's preferences, values, and rights, not on steering them toward a single path. Coercion undermines trust, autonomy, and recovery, so it's not appropriate. Delaying decisions indefinitely stalls progress and deprives the person of becoming an active partner in their own care. By offering information, guiding decision-making, honoring the chosen path, and avoiding pressure, a CPS promotes empowerment and collaboration in service planning.

10. Which option best reflects professional boundary practice when interacting with peers who are in recovery?

- A. Maintain professional boundaries, avoid dual relationships, and seek supervision if issues arise.**
- B. Start a personal friendship outside work.**
- C. Share client information with peers.**
- D. Ignore agency policies.**

Professional boundaries and seeking supervision when issues arise are essential when interacting with peers who are in recovery. Maintaining clear, professional boundaries helps keep the focus on recovery support, protects both the peer and the worker from bias or exploitation, and supports trust and safety in the relationship. Avoiding dual relationships means you don't mix personal and professional roles, which could otherwise influence judgment or create pressure. Seeking supervision when boundary challenges come up provides guidance, accountability, and an additional perspective to handle delicate situations appropriately. Starting a personal friendship outside work can blur lines and undermine objectivity. Sharing client information with peers violates confidentiality and breaches trust. Ignoring agency policies ignores established rules designed to protect clients and professionals and can lead to harm or disciplinary action.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://ricps.examzify.com>

We wish you the very best on your exam journey. You've got this!

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