

Test Psychiatric Rehabilitation Association CFRP Dates - Vce CFRP Format

CFRP and CPRP Exam Study Guide: Best Practices in Psychiatric Rehabilitation Exam questions with correct answers

1. In psychiatric rehabilitation, we define the desired outcome as: recovery - a life of meaning and purpose for people who live with mental health conditions.
2. To know whether a practice is effective, research and evaluation must::
- Demonstrate that the practice does achieve the outcome desired. When a certain threshold of research evidence is reached, showing that one practice has better outcomes than alternatives, the practice is evidence-based.
3. Evidence-Based Practices:: Specific interventions and service models that have been shown effective through multiple high-quality research studies by different research teams
4. Best Practices:: Those approaches, tools, and techniques that are recognized as desirable and effective, but have not yet been studied adequately and so lack evidence.
5. The Four Over-Arching Themes of Psychiatric Rehabilitation::
 1. Services that are person-centered
 2. Services focused on full integration and participation in a person's community of choice.
 3. Vigilance and activism to combat prejudice and discrimination.
 4. Effective and ongoing training that is relevant to the field and targeted towards developing the attitudes, knowledge, and skill needed to be an effective psychiatric rehabilitation practitioner.
6. Person-Centered Services are Built On:: Self-determination, choice, and promote individual responsibility.
7. Service Plans in Psychiatric Rehabilitation are Designed to:: Define and achieve goals that are personally relevant and valuable.
8. Assessment and Interventions in Psychiatric Rehabilitation Target:: The skills and supports needed to achieve personal goals.
9. Psychiatric Rehabilitation Services focus on:: the whole of a person and what is needed to promote overall wellness in all life domains.

1 / 22

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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q30-Q35):

NEW QUESTION # 30

Stimulant medication, when used in children with an attention deficit disorder, is likely to result in

- A. increased appetite.
- B. decreased mood stability.
- C. **increased acceptable behavior.**
- D. decreased academic achievement.

Answer: C

Explanation:

Within the CFRP framework, supporting health and wellness includes understanding the effects of evidence-based interventions, such as stimulant medications for children with attention deficit disorders (ADD/ADHD).

Stimulant medications, such as methylphenidate, are known to improve attention and impulse control, leading to increased acceptable behavior in social and academic settings. The CFRP study guide states, "Stimulant medications for children with attention deficit disorders typically result in increased acceptable behavior by enhancing focus and reducing impulsivity." Decreased mood stability (option A) is not a common outcome when medications are properly managed. Decreased academic achievement (option C) is unlikely, as improved focus often supports academic performance. Increased appetite (option D) is incorrect, as stimulants commonly reduce appetite as a side effect.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Stimulant medications, when used for attention deficit disorders, are likely to increase acceptable behavior by improving attention and reducing impulsive actions in children." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Pharmacological Interventions.

Psychiatric Rehabilitation Association (PRA) Guidelines on ADHD Management.

NEW QUESTION # 31

The belief that one's own culture is superior to another is known as

- A. stereotyping.
- B. encapsulation.
- C. **ethnocentrism.**
- D. stigmatization.

Answer: C

Explanation:

Cultural competence is a core component of interpersonal competencies in the CFRP framework. The belief that one's own culture is superior to others is defined as ethnocentrism, which hinders effective engagement with diverse families. The CFRP study guide states, "Ethnocentrism, the belief that one's own culture is superior, undermines cultural competence and effective family support." Stigmatization (option A) involves negative labeling, encapsulation (option C) refers to cultural isolation, and stereotyping (option D) involves generalized assumptions, none of which precisely describe cultural superiority.

* CFRP Study Guide (Section on Interpersonal Competencies): "Ethnocentrism is the belief that one's own culture is superior to others, posing a barrier to culturally competent practice in family support." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Interpersonal Competencies, Cultural Competence.

Psychiatric Rehabilitation Association (PRA) Guidelines on Multicultural Practice.

NEW QUESTION # 32

When expanding mental health programming for children and families, it is essential that children

- A. are maintained in their home environment to avoid disruption.
- **B. be identified early and provided with effective services and supports.**
- C. are informed of all of their available treatment options and risks.
- D. be placed in residential treatment to achieve the best outcomes.

Answer: B

Explanation:

Systems competencies in the CFRP framework focus on improving mental health service delivery through proactive and effective programming. When expanding mental health programming, it is essential to identify children early and provide them with effective services and supports to prevent escalation of issues and promote recovery. The CFRP study guide states, "Expanding mental health programming requires early identification of children's needs and the provision of effective services and supports to ensure positive outcomes." Informing of treatment options (option A) is important but secondary to early intervention.

Maintaining home environments (option B) is ideal but not always feasible. Residential treatment (option C) is a last resort, not a primary strategy.

* CFRP Study Guide (Section on Systems Competencies): "Essential to expanding mental health programming is the early identification of children and the delivery of effective services and supports to promote recovery and resilience." References: CFRP Study Guide, Section on Systems Competencies, Mental Health Programming. Psychiatric Rehabilitation Association (PRA) Guidelines on Early Intervention Systems.

NEW QUESTION # 33

A practitioner is working with a transition-age youth who is unable to self-soothe during periods of distress. What would be an effective intervention?

- A. referring for medication management.
- B. implementing exposure therapy techniques.
- **C. teaching progressive muscle relaxation techniques.**
- D. Cognitive Behavioral Therapy to reduce stress.

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

Supporting transition-age youth in the CFRP framework includes teaching practical coping strategies that allow the youth to self-regulate during periods of distress. Teaching progressive muscle relaxation techniques is an effective, evidence-based intervention for self-soothing, as it provides a tangible skill to manage distress.

The CFRP study guide notes, "For transition-age youth struggling to self-soothe during distress, teaching progressive relaxation techniques is an effective intervention to promote emotional regulation." Cognitive Behavioral Therapy (option A) would take a longer time to address underlying issues and would not be as immediately effective as muscle relaxation techniques to address the distress. Exposure therapy (option B) is specific to anxiety disorders and may not apply to general distress. Referring for medication (option D) may be considered but is not the first-line intervention for teaching self-soothing skills.

* CFRP Study Guide (Section on Transition-Age Youth Services): "Teaching progressive relaxation techniques is an effective intervention for transition-age youth unable to self-soothe during distress, enhancing emotional self-regulation." References: CFRP Study Guide, Section on Transition-Age Youth Services, Coping Skills Interventions. Psychiatric Rehabilitation Association (PRA) Guidelines on Youth Mental Health Support.

NEW QUESTION # 34

Which of the following sequence of events is considered best practice during a practitioner's initial meeting with a child and family?

- A. Goal setting, review, and skills training
- B. Completing forms, interviewing, and observation
- C. Assessment, planning, and goal setting
- **D. Orientation, rapport building, and information gathering**

Answer: D

Explanation:

This question pertains to the Assessment, Planning, and Outcomes domain, which outlines best practices for initiating services with children and families. According to the PRA CFRP Study Guide 2024-2025, the initial meeting is critical for establishing trust and

setting the foundation for effective psychiatric rehabilitation. Best practice prioritizes building a therapeutic relationship before engaging in formal assessment or planning.

Option D (Orientation, rapport building, and information gathering) is correct. The PRA guidelines specify that the initial meeting should focus on orienting the family to the practitioner's role, building rapport to foster trust, and gathering preliminary information about the child's and family's needs. This sequence aligns with trauma-informed and family-centered principles, ensuring the family feels heard and respected before delving into structured processes like assessment or goal setting.

Option A (Assessment, planning, and goal setting) is incorrect because conducting a formal assessment or setting goals in the first meeting can overwhelm families and hinder rapport. The PRA study guide advises delaying these steps until trust is established.

Option B (Completing forms, interviewing, and observation) is incorrect because prioritizing administrative tasks like form completion in the initial meeting can alienate families. The PRA framework emphasizes relationship-building over paperwork in the first encounter.

Option C (Goal setting, review, and skills training) is incorrect because these activities are premature for an initial meeting. The PRA training materials note that skills training and goal setting require a foundation of trust and a thorough understanding of the family's needs, which are developed after the first meeting.

References:

Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Assessment, Planning, and Outcomes: Initial Engagement.

PRA Certification Candidate Handbook, Competency Domain 4: Assessment, Planning, and Outcomes.

PRA Code of Ethics, Principle 1: Building Therapeutic Relationships.

NEW QUESTION # 35

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