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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.

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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q91-Q96):

NEW QUESTION # 91

At what age does a typical child progress from concrete to formal operational thinking?

- A. Age 11-12
- B. Age 13-14
- C. Age 9-10
- D. Age 15-16

Answer: A

Explanation:

Supporting health and wellness in the CFRP framework includes understanding developmental milestones, such as cognitive development stages outlined by Piaget. A typical child progresses from concrete operational thinking (focused on tangible, observable events) to formal operational thinking (involving abstract reasoning and hypothetical thinking) around age 11-12. The CFRP study guide notes, "According to Piaget's theory, the transition from concrete to formal operational thinking typically occurs around ages 11 to 12, enabling abstract and hypothetical reasoning." Ages 9-10 (option A) are generally within the concrete stage, while ages 13-14 (option C) and 15-16 (option D) are typically after the transition.

* CFRP Study Guide (Section on Supporting Health and Wellness): "The shift from concrete to formal operational thinking, as per Piaget, typically begins around ages 11-12, marking the onset of abstract reasoning capabilities." References:

CFRP Study Guide, Section on Supporting Health and Wellness, Cognitive Development.

Psychiatric Rehabilitation Association (PRA) Guidelines on Developmental Psychology.

NEW QUESTION # 92

A practitioner is working with a child whose school has placed her on homebound instruction due to disruptive behaviors in the classroom. Her parents would like her reintegrated into the school setting. How should the practitioner support the parent?

- A. Assist the parents in finding an alternative educational placement.
- B. Schedule an inter-agency meeting and invite the child and school personnel.
- C. Provide information to the parents regarding least restrictive educational mandates.
- D. Approach the school personnel and ask that the child be reinstated.

Answer: C

Explanation:

Systems competencies in the CFRP framework involve advocating for children's educational rights. When a child is on homebound instruction and parents seek reintegration, the practitioner's first step is to provide information to the parents regarding least restrictive environment (LRE) mandates, such as those under the Individuals with Disabilities Education Act (IDEA), empowering them to advocate effectively. The CFRP study guide notes, "To support parents seeking school reintegration, practitioners should first provide information on least restrictive environment mandates to guide advocacy for the child's return to the classroom."

Scheduling a meeting (option A) may follow but is not the first step. Finding alternative placement (option C) or directly approaching the school (option D) bypasses empowering the parents.

* CFRP Study Guide (Section on Systems Competencies): "When parents seek reintegration of a child from homebound instruction, practitioners should first provide information on least restrictive environment mandates to support informed advocacy." References:

CFRP Study Guide, Section on Systems Competencies, Educational Advocacy.

Psychiatric Rehabilitation Association (PRA) Guidelines on School Reintegration.

NEW QUESTION # 93

A child's mother expressed concern that between her home, the child's father's home, and school, there are too many competing behavioral expectations. What is the BEST course of action for the practitioner to take?

- A. Inform the mother that agency policy prohibits interference with school concerns and goals.
- **B. Convene a team meeting with both parents at the school to identify concerns and goals.**
- C. Require weekly meetings with both parents to review concerns and goals in each home.
- D. Explain services are limited to the behavioral concerns and goals at the mother's home.

Answer: B

Explanation:

The CFRP framework emphasizes collaborative and family-driven planning within the domain of Assessment, Planning, and Outcomes. When a mother raises concerns about competing behavioral expectations across different environments (her home, the father's home, and school), the best course of action is to convene a team meeting with both parents and school officials to identify concerns and align goals. This approach fosters consistency and collaboration across settings. The CFRP study guide notes, "To address competing behavioral expectations across home and school environments, practitioners should convene a team meeting with parents and school representatives to collaboratively identify concerns and establish consistent goals." Requiring weekly meetings (option A) may be excessive without first establishing a unified plan. Limiting services to the mother's home (option D) or citing agency policy (option C) disregards the need for systemic collaboration.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "When competing behavioral expectations arise across home and school settings, the practitioner should convene a team meeting with parents and school officials to align concerns and goals for consistency." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Assessment, Planning, and Outcomes, Collaborative Planning.

Psychiatric Rehabilitation Association (PRA) Guidelines on Family and School Collaboration.

NEW QUESTION # 94

WRAP for Kids requires

- A. practitioner-led classes.
- B. parental inclusion in decision making.
- **C. voluntary participation in the process.**
- D. medication compliance.

Answer: C

Explanation:

WRAP (Wellness Recovery Action Plan) for Kids is a recovery-focused tool within the CFRP framework that empowers children to identify strategies for wellness. A key requirement of WRAP for Kids is voluntary participation, ensuring the child is engaged and motivated in the process. The CFRP study guide notes,

"WRAP for Kids requires voluntary participation to ensure the child is actively involved in developing and implementing their wellness plan." Parental inclusion (option A) is encouraged but not a strict requirement, as the focus is on the child's agency.

Practitioner-led classes (option B) are not part of the WRAP process, which is individualized. Medication compliance (option D) is unrelated to WRAP, which focuses on non-medical wellness strategies.

* CFRP Study Guide (Section on Strategies for Facilitating Recovery): "WRAP for Kids is a child- centered process that requires voluntary participation to ensure engagement and ownership of the wellness plan." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Strategies for Facilitating Recovery, WRAP for Kids.

Psychiatric Rehabilitation Association (PRA) Guidelines on Wellness Recovery Action Planning.

NEW QUESTION # 95

Which of the following are included in the eight dimensions of wellness?

- A. Safety, academic, and spiritual
- B. Academic, social, and safety
- C. Physical, academic, and emotional
- **D. Spiritual, physical, and social**

Answer: D

Explanation:

The CFRP framework incorporates the eight dimensions of wellness to guide health and wellness interventions. These dimensions

include spiritual, physical, social, emotional, intellectual, occupational, environmental, and financial wellness. The correct option includes spiritual, physical, and social, which are part of the eight dimensions. The CFRP study guide notes, "The eight dimensions of wellness include spiritual, physical, and social wellness, among others, providing a holistic framework for well-being." Safety (options A and B) and academic (options A, B, and D) are not among the eight dimensions, though emotional (option D) is included but paired incorrectly.

* CFRP Study Guide (Section on Supporting Health and Wellness): "The eight dimensions of wellness encompass spiritual, physical, social, emotional, intellectual, occupational, environmental, and financial wellness." References:

CFRP Study Guide, Section on Supporting Health and Wellness, Wellness Dimensions.

Psychiatric Rehabilitation Association (PRA) Guidelines on Holistic Wellness.

NEW QUESTION # 96

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