

Web-Based Psychiatric Rehabilitation Association CFRP Practice Exam Software

CFRP and CPRP Exam Study Guide: Best Practices in Psychiatric Rehabilitation

In psychiatric rehabilitation, we define the desired outcome as - Answer- recovery - a life of meaning and purpose for people who live with mental health conditions.

To know whether a practice is effective, research and evaluation must: - Answer- 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.

Evidence-Based Practices: - Answer- Specific interventions and service models that have been shown effective through multiple high-quality research studies by different research teams

Best Practices: - Answer- Those approaches, tools, and techniques that are recognized as desirable and effective, but have not yet been studied adequately and so lack evidence.

The Four Over-Arching Themes of Psychiatric Rehabilitation: - Answer- 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.

Person-Centered Services are Built On: - Answer- Self-determination, choice, and promote individual responsibility.

Service Plans in Psychiatric Rehabilitation are Designed to: - Answer- Define and achieve goals that are personally relevant and valuable.

Assessment and Interventions in Psychiatric Rehabilitation Target: - Answer- The skills and supports needed to achieve personal goals.

Psychiatric Rehabilitation Services focus on: - Answer- the whole of a person and what is needed to promote overall wellness in all life domains.

Community is a comprehensive concept encompassing a - Answer- Physical location as well as a sense of belonging.

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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q78-Q83):

NEW QUESTION # 78

A teacher is requesting that the practitioner refer a six-year-old child to a psychiatrist to determine if medication is needed. What is the practitioner's first course of action?

- A. Request to view the child's school file.
- B. Discuss this request with the school counselor.
- C. Refer the child to a psychiatrist as requested.
- **D. Discuss this request with the family.**

Answer: D

Explanation:

In the CFRP framework, assessment, planning, and outcomes prioritize family-driven and collaborative decision-making. When a teacher requests a psychiatric referral for a six-year-old to evaluate medication needs, the practitioner's first course of action is to discuss this request with the family to ensure their involvement, understand their perspectives, and respect their authority in decision-making. The CFRP study guide states, "When external parties, such as teachers, request a psychiatric referral for a child, the practitioner's first step is to discuss the request with the family to align with family-driven principles." Directly referring the child (option A) bypasses family consent. Discussing with the school counselor (option C) or reviewing the school file (option D) may be subsequent steps but are not the priority.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "The practitioner's first action when a teacher requests a psychiatric referral is to discuss the request with the family, ensuring their involvement in decisions about the child's care."

References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Assessment, Planning, and Outcomes, Family-Driven Decision-Making.

Psychiatric Rehabilitation Association (PRA) Guidelines on Collaborative Care.

NEW QUESTION # 79

A fourteen-year-old girl was referred to a practitioner due to repeated alcohol consumption on school property. She is diagnosed with oppositional defiant disorder, depression, and attention deficit disorder. She finds change very difficult and is having trouble focusing. What is the PRIMARY goal of this first session?

- **A. Engage, connect, and understand her experiences.**
- B. Focus on her areas of wellness concerns.
- C. Obtain release from her family doctor and school.
- D. Assess, evaluate, and document her readiness for change.

Answer: A

Explanation:

In the CFRP framework, the initial session with a child, especially one with complex diagnoses and behaviors, focuses on building rapport and understanding their perspective. For a fourteen-year-old with alcohol use and multiple diagnoses, the primary goal of the first session is to engage, connect, and understand her experiences to establish trust and lay the foundation for future interventions. The CFRP study guide emphasizes, "The primary goal of the first session with a child is to engage, connect, and understand their experiences, fostering trust and a therapeutic alliance." Focusing on wellness concerns (option A) or assessing readiness for change (option B) are subsequent steps. Obtaining releases (option D) is administrative and not the primary therapeutic goal.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "In the first session, the primary goal is to engage, connect, and understand the child's experiences to build trust and establish a foundation for intervention." References:

CFRP Study Guide, Section on Assessment, Planning, and Outcomes, Initial Engagement.

Psychiatric Rehabilitation Association (PRA) Guidelines on Therapeutic Alliance.

NEW QUESTION # 80

A practitioner is working with a child who is being bullied at school. How can the practitioner promote resiliency?

- **A. Reframe the child's experience and encourage a positive self-view.**
- B. Encourage the child to avoid the bully and make new friends.
- C. Revisit the experience and have the child explain the details.
- D. Encourage the child to take a self-defense class and confront the bully.

Answer: A

Explanation:

Promoting resiliency is a key focus of the Strategies for Facilitating Recovery domain, which emphasizes strengths-based interventions to help children overcome adversity. The PRA CFRP Study Guide 2024-2025 defines resiliency as the ability to adapt and thrive despite challenges, such as bullying. Practitioners should use interventions that empower the child, reinforce self-worth, and reframe negative experiences to foster a positive self-concept.

Option B (Reframe the child's experience and encourage a positive self-view) is correct. The PRA guidelines advocate for cognitive reframing, where the practitioner helps the child view the bullying experience as a challenge they can overcome, rather than a reflection of their worth. Encouraging a positive self-view aligns with strengths-based practices, such as affirming the child's strengths and building self-esteem.

Option A (Encourage the child to take a self-defense class and confront the bully) is incorrect because confrontation may escalate the situation and is not a trauma-informed or resiliency-focused approach. The PRA Code of Ethics emphasizes non-violent, collaborative solutions.

Option C (Revisit the experience and have the child explain the details) is incorrect because repeatedly recounting traumatic events without therapeutic processing can re-traumatize the child. The PRA study guide advises against dwelling on negative details without a strengths-based focus.

Option D (Encourage the child to avoid the bully and make new friends) is incorrect because avoidance does not address the child's emotional needs or build resiliency. While making new friends is positive, it does not tackle the underlying impact of bullying, which the PRA framework prioritizes.

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Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Strategies for Facilitating Recovery: Resiliency and Strengths-Based Practice.

PRA Certification Candidate Handbook, Competency Domain 5: Strategies for Facilitating Recovery.

PRA Code of Ethics, Principle 4: Strengths-Based Interventions.

NEW QUESTION # 81

A transition-age youth tells a practitioner that he has a plan to kill a younger sibling when the time is right.

What is the MOST appropriate course of action for the practitioner to take?

- A. Maintain confidentiality and discourage him from taking action.
- **B. Explain the limits of confidentiality and develop an action plan.**
- C. Notify the police of the potential danger to the sibling.
- D. Inform his family members of the danger to the sibling.

Answer: B

Explanation:

Professional role competencies in the CFRP framework require practitioners to balance confidentiality with the duty to protect when there is a credible threat of harm. When a transition-age youth expresses a plan to kill a sibling, the practitioner must first explain the limits of confidentiality, as mandated by ethical and legal standards, and then develop an action plan to address the threat, which may include safety planning, further assessment, or appropriate notifications. The CFRP study guide emphasizes, "When a client discloses a specific plan to harm others, practitioners must explain the limits of confidentiality and take immediate steps to develop an action plan to ensure safety." Maintaining confidentiality (option A) is inappropriate given the risk. Directly informing family members (option C) or notifying the police (option D) may be part of the action plan, but these steps should follow an initial discussion with the youth and a structured response, not be the first action.

* CFRP Study Guide (Section on Professional Role Competencies): "In cases of disclosed intent to harm others, practitioners must first explain the limits of confidentiality and develop an action plan to address the threat, ensuring the safety of all involved."

References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Professional Role Competencies, Ethical Practice and Duty to Warn.

Psychiatric Rehabilitation Association (PRA) Guidelines on Ethical Responsibilities.

NEW QUESTION # 82

A caregiver is requesting a decrease in service hours. What is the practitioner's FIRST course of action?

- A. Seek supervision about the caregiver's resistance to service.
- **B. Discuss with the caregiver the reason for the request.**
- C. Consult with a colleague about how to proceed with the caregiver.
- D. Encourage the caregiver to continue with the current service plan.

Answer: B

Explanation:

In the CFRP framework, person-centered and family-driven planning is critical within the domain of Assessment, Planning, and Outcomes. When a caregiver requests a change, such as a decrease in service hours, the practitioner's first step is to engage in open communication to understand the caregiver's perspective and reasons for the request. The CFRP study guide emphasizes that "practitioners should initiate discussions with caregivers to explore their needs, preferences, and concerns to ensure services align with family goals." Encouraging continuation of the current plan (option A) without discussion disregards family-driven principles. Seeking supervision (option C) or consulting a colleague (option D) may be appropriate later, but these are not the first steps, as they bypass direct engagement with the caregiver.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "When caregivers request changes to service plans, the practitioner's first action is to discuss the reasons for the request, ensuring that services remain family-driven and aligned with their needs." References:

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

Psychiatric Rehabilitation Association (PRA) Guidelines on Person-Centered Planning.

NEW QUESTION # 83

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