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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 (Q67-Q72):

NEW QUESTION # 67

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

Answer: A

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 # 68

Assessment of suicidal risk is important because

- A. children with suicidal thoughts frequently make an attempt within days of the disclosure.
- B. there is a need to distinguish between attention-seeking behavior and suicidality.
- C. non-suicidal self-harm should not be considered a predictive suicide risk factor.
- D. **there is a continuum of suicidality that determines the level of risk for children.**

Answer: D

Explanation:

In the CFRP framework, assessment, planning, and outcomes include thorough evaluation of suicidal risk to ensure appropriate interventions. Assessing suicidal risk is critical because there is a continuum of suicidality, ranging from ideation to attempts, which helps determine the level of risk and guide interventions for children. The CFRP study guide states, "Suicidal risk assessment is essential due to the continuum of suicidality, which allows practitioners to determine the level of risk and tailor interventions accordingly." Non-suicidal self-harm (option A) is a risk factor, contrary to the statement. Distinguishing attention-seeking behavior (option C) is relevant but secondary. Immediate attempts (option D) are not universally true and overstate the timeline.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "Assessment of suicidal risk is critical because suicidality exists on a continuum, enabling practitioners to gauge risk levels and implement appropriate supports for children." References:

CFRP Study Guide, Section on Assessment, Planning, and Outcomes, Suicide Risk Assessment.

Psychiatric Rehabilitation Association (PRA) Guidelines on Suicide Prevention.

NEW QUESTION # 69

A strengths-based approach requires the practitioner to focus on

- A. assessment, planning, and solutions.
- B. needs, barriers, and outcomes.
- **C. opportunities, hope, and solutions.**
- D. risks, benefits, and outcomes.

Answer: C

Explanation:

The strengths-based approach in the CFRP framework, within strategies for facilitating recovery, requires practitioners to focus on opportunities, hope, and solutions to empower families and foster resilience. The CFRP study guide states, "A strengths-based approach centers on opportunities, hope, and solutions, encouraging families to build on their strengths for positive change." Risks, benefits, and outcomes (option A) are analytical but not strengths-focused. Assessment, planning, and solutions (option B) are procedural, not the core focus. Needs, barriers, and outcomes (option C) emphasize deficits, contrary to the approach.

* CFRP Study Guide (Section on Strategies for Facilitating Recovery): "In a strengths-based approach, practitioners focus on opportunities, hope, and solutions to inspire and empower families toward resilience." References:

CFRP Study Guide, Section on Strategies for Facilitating Recovery, Strengths-Based Approach.

Psychiatric Rehabilitation Association (PRA) Guidelines on Empowerment Practices.

NEW QUESTION # 70

Generational poverty is defined as a

- **A. family having been in poverty for two or more generations.**
- B. financial event affecting an entire generation.
- C. downward trend in socio-economic status.
- D. life event that causes poverty for a family lasting up to 20 years.

Answer: A

Explanation:

Systems competencies in the CFRP framework include understanding socio-economic factors like generational poverty, which impacts family resilience. Generational poverty is defined as a family having been in poverty for two or more generations, reflecting entrenched economic challenges. The CFRP study guide states, "Generational poverty is defined as a family experiencing poverty for two or more consecutive generations, creating systemic barriers to resilience." A life event causing poverty (option A) or a financial event (option D) is situational, not generational. A downward trend (option B) is too vague to define generational poverty.

* CFRP Study Guide (Section on Systems Competencies): "Generational poverty refers to a family having been in poverty for two or more generations, posing significant systemic challenges to family well-being." References:

CFRP Study Guide, Section on Systems Competencies, Socio-Economic Factors.

Psychiatric Rehabilitation Association (PRA) Guidelines on Poverty and Mental Health.

NEW QUESTION # 71

A family is refusing to work with a practitioner, stating they already have too many service providers. They do not want another new person working with their child. What is the BEST course of action for the practitioner to take?

- A. Accept the family's decision and move on to the next referral.
- B. Call the other service providers and request they close services with the family.
- C. Encourage the family to work with the practitioner for at least one month.
- **D. Coordinate a meeting with the family and all of the service providers.**

Answer: D

Explanation:

This question falls under the Systems Competencies domain, which focuses on collaboration with families, service providers, and community systems to support the child's recovery. The PRA CFRP Study Guide 2024-

2025 emphasizes that practitioners must prioritize family-centered care and coordinate services to reduce fragmentation and overwhelm, especially when families feel burdened by multiple providers.

Option C (Coordinate a meeting with the family and all of the service providers) is the best course of action.

The PRA guidelines highlight that when a family resists additional services due to provider overload, the practitioner should facilitate collaboration among existing providers to streamline care. Coordinating a meeting allows the practitioner to clarify roles, align goals, and address the family's concerns, fostering trust and reducing redundancy. This approach aligns with the PRA's emphasis on

systems integration and family empowerment.

Option A (Accept the family's decision and move on to the next referral) is incorrect because it dismisses the family's needs without exploring solutions. The PRA Code of Ethics requires practitioners to advocate for families and seek collaborative resolutions rather than disengaging.

Option B (Encourage the family to work with the practitioner for at least one month) is incorrect because it disregards the family's expressed concerns about provider overload. The PRA study guide advises against pressuring families, as this can erode trust and engagement.

Option D (Call the other service providers and request they close services with the family) is incorrect because it oversteps the practitioner's role and disregards the family's autonomy. The PRA framework emphasizes that decisions about service closure should involve the family and be based on their needs, not unilateral action by the practitioner.

References:

Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Systems Competencies: Collaboration and Service Coordination.

PRA Certification Candidate Handbook, Competency Domain 6: Systems Competencies.

PRA Code of Ethics, Principle 2: Family-Centered Practice.

NEW QUESTION # 72

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