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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 (Q24-Q29):

NEW QUESTION # 24

Once regarded as the primary cause of a child's challenges, who are now seen as key collaborators in the development of the child's resilience?

- A. Teachers
- B. Doctors
- C. Clergy
- **D. Parents**

Answer: D

Explanation:

The CFRP framework emphasizes the shift in perspective from viewing parents as the cause of a child's challenges to recognizing them as key collaborators in fostering resilience. This aligns with the family-driven approach central to interpersonal competencies, which prioritizes partnership with parents to support child recovery. The CFRP study guide states, "Historically, parents were often blamed for their child's challenges, but current practice recognizes parents as essential collaborators in building resilience and promoting recovery." Clergy (option B), teachers (option C), and doctors (option D) may play supportive roles, but parents are uniquely positioned as primary caregivers and partners in the child's daily life and recovery process.

* CFRP Study Guide (Section on Interpersonal Competencies): "Parents, once seen as the primary cause of a child's challenges, are now valued as key collaborators in developing resilience and supporting recovery through family-driven practices." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Interpersonal Competencies, Family-Driven Care.

Psychiatric Rehabilitation Association (PRA) Guidelines on Family Collaboration.

NEW QUESTION # 25

Community-based programs are especially beneficial for transition-age youth because they provide

- **A. support, structure, and models for positive social norms.**
- B. help with homework in subjects that parents do not understand.
- C. jobs for youth once they become adults and are ready for work.
- D. stress-free environment for socialization without adult interference.

Answer: A

Explanation:

In the CFRP framework, transition-age youth services emphasize the role of community-based programs in supporting youth development. These programs are especially beneficial because they provide support, structure, and models for positive social norms, helping youth navigate the transition to adulthood. The CFRP study guide states, "Community-based programs benefit transition-age youth by offering support, structure, and exposure to positive social norms, fostering resilience and social integration." Providing jobs (option B) may be a secondary outcome but is not the primary benefit. Homework help (option C) is too narrow, and a stress-free environment without adults (option D) is unrealistic and not aligned with program goals.

* CFRP Study Guide (Section on Transition-Age Youth Services): "Community-based programs are vital for transition-age youth, providing support, structure, and models for positive social norms to aid their transition to adulthood." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Transition-Age Youth Services, Community-Based Support.

Psychiatric Rehabilitation Association (PRA) Guidelines on Youth Community Integration.

NEW QUESTION # 26

Resilience conveys three very important characteristics in the lives of children with autism spectrum disorders. These include a sense of

- **A. control, mastery, and understanding.**
- B. gratitude, unique identity, and agility.

- C. optimism, ownership, and personal control.
- D. discipline, independence, and personal identity.

Answer: A

Explanation:

For children with autism spectrum disorders (ASD), resilience is critical to supporting health and wellness.

The CFRP framework identifies control, mastery, and understanding as three key characteristics of resilience in this population, as they empower children to navigate challenges and build confidence. The CFRP study guide explains, "Resilience in children with autism spectrum disorders is characterized by a sense of control, mastery, and understanding, which support their ability to adapt and thrive." Gratitude, unique identity, and agility (option B) are positive traits but not specifically tied to ASD resilience. Discipline, independence, and personal identity (option C) and optimism, ownership, and personal control (option D) are relevant but less precise than control, mastery, and understanding.

* CFRP Study Guide (Section on Supporting Health and Wellness): "In children with autism spectrum disorders, resilience is defined by a sense of control, mastery, and understanding, enabling them to navigate challenges effectively." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Resilience in ASD.

Psychiatric Rehabilitation Association (PRA) Guidelines on Neurodevelopmental Disorders.

NEW QUESTION # 27

A principle of family support is demonstrated when the practitioner

- A. sets firm boundaries with the family to manage identified concerns.
- **B. affirms a family's cultural, racial, and linguistic identities.**
- C. establishes a contract for the family based on behaviors and contingencies.
- D. acquires resources he feels the family needs to be successful.

Answer: B

Explanation:

A core principle of family support within the CFRP framework's interpersonal competencies is cultural competence, which involves affirming a family's cultural, racial, and linguistic identities. This practice fosters trust and ensures services are relevant and respectful of the family's unique context. The CFRP study guide states, "Affirming a family's cultural, racial, and linguistic identities is a fundamental principle of family support, promoting engagement and resilience." Acquiring resources (option A) is part of case management but not a defining principle of family support. Establishing behavioral contracts (option C) or setting firm boundaries (option D) may be therapeutic techniques but do not represent the core principle of family support as directly as cultural affirmation.

* CFRP Study Guide (Section on Interpersonal Competencies): "A key principle of family support is affirming the cultural, racial, and linguistic identities of families to build trust and support resilience." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Interpersonal Competencies, Cultural Competence.

Psychiatric Rehabilitation Association (PRA) Guidelines on Family Support Principles.

NEW QUESTION # 28

According to the Adverse Childhood Experience (ACE) Study, adverse childhood experiences can BEST be reversed by

- A. ongoing therapeutic interventions.
- B. residential treatment programs.
- **C. a consistent nurturing person.**
- D. a biological family member.

Answer: C

Explanation:

In the CFRP framework, supporting health and wellness includes addressing the impacts of adverse childhood experiences (ACEs) as identified in the ACE Study. The study emphasizes that the presence of a consistent nurturing person, such as a supportive caregiver or mentor, is the most effective way to mitigate the long-term effects of ACEs by fostering resilience and emotional security. The CFRP study guide states, "According to the ACE Study, the effects of adverse childhood experiences are best reversed by a consistent nurturing person who provides emotional support and stability." A biological family member (option B) is not necessarily required, as the key is nurturing support. Residential treatment (option C) and ongoing therapy (option D) may help

but are less impactful than a nurturing relationship.

* CFRP Study Guide (Section on Supporting Health and Wellness): "The ACE Study highlights that a consistent nurturing person is the most effective means to reverse the impacts of adverse childhood experiences, promoting resilience through stable support."

References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Adverse Childhood Experiences.

Psychiatric Rehabilitation Association (PRA) Guidelines on Trauma Recovery.

NEW QUESTION # 29

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