

# CFRP Exam Revision Plan | CFRP Valid Learning Materials

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## 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 (Q40-Q45):**

### **NEW QUESTION # 40**

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

- A. gratitude, unique identity, and agility.
- B. discipline, independence, and personal identity.
- **C. control, mastery, and understanding**
- D. optimism, ownership, and personal control.

### **Answer: C**

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 # 41**

Which of the following interventions would be the MOST appropriate to help a family access needed services?

- A. Enroll the family in services based on needs identified by the practitioner.
- B. Encourage the family to find support services on their own to foster independence.
- **C. Work with the family to identify barriers to service utilization.**
- D. Provide the family with a prepared plan to ensure they receive the services they need.

### **Answer: C**

Explanation:

The Systems Competencies domain focuses on collaborating with families to navigate and access community resources effectively. The PRA CFRP Study Guide 2024-2025 emphasizes family-centered practice, where practitioners partner with families to identify barriers (e.g., transportation, stigma, or lack of information) and develop tailored solutions to access services. This approach empowers families and ensures services align with their needs.

Option B (Work with the family to identify barriers to service utilization) is correct. The PRA guidelines highlight that identifying barriers collaboratively respects family autonomy and builds trust. This intervention enables the practitioner to address specific obstacles, such as logistical issues or mistrust, ensuring sustainable access to services.

Option A (Provide the family with a prepared plan to ensure they receive the services they need) is incorrect because a practitioner-imposed plan disregards family input, violating the PRA's family-centered principles.

Option C (Enroll the family in services based on needs identified by the practitioner) is incorrect because unilateral enrollment bypasses family collaboration. The PRA Code of Ethics requires involving families in decision-making.

Option D (Encourage the family to find support services on their own to foster independence) is incorrect because it places undue burden on the family, especially if barriers like lack of knowledge or resources exist.

The PRA framework emphasizes guided support over unsupported independence.

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Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Systems Competencies: Accessing Community Resources.

### NEW QUESTION # 42

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

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

**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 # 43

The term evidence-based practice refers to successful interventions that must have

- A. been used by practitioners in the field of psychiatric rehabilitation with positive results.
- B. produced positive survey results when children and caregivers were asked about the intervention.
- C. been tested through multiple trials, with findings reported by teams of investigators.
- D. appeared in articles discussing caregiver satisfaction with the intervention.

**Answer: C**

Explanation:

In the CFRP framework, supporting health and wellness relies on evidence-based practices (EBPs), which are interventions rigorously tested for efficacy. Evidence-based practices must have been tested through multiple trials, with findings reported by teams of investigators, ensuring scientific validity and reliability. The CFRP study guide states, "Evidence-based practices are interventions that have been tested through multiple rigorous trials, with findings reported by teams of investigators, confirming their effectiveness." Caregiver satisfaction articles (option B) or survey results (option D) may provide feedback but do not define EBPs. Practitioner use with positive results (option C) is insufficient without formal research validation.

\* CFRP Study Guide (Section on Supporting Health and Wellness): "Evidence-based practices are defined as interventions tested through multiple trials, with findings reported by investigative teams, ensuring scientific validation of their success." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Evidence-Based Practices.

Psychiatric Rehabilitation Association (PRA) Guidelines on Evidence-Based Interventions.

### NEW QUESTION # 44

Cognitive Behavioral Therapy is an evidence-based practice that is effective for children diagnosed with depression, trauma, or

- A. learning disorders.
- B. anxiety disorders.
- C. delusional disorders.
- D. conduct disorders.

**Answer: B**

#### Explanation:

Cognitive Behavioral Therapy (CBT) is a well-established evidence-based practice within the CFRP framework for supporting health and wellness, particularly for children with mental health challenges. CBT is highly effective for depression, trauma, and anxiety disorders, as it helps children modify negative thought patterns and develop coping strategies. The CFRP study guide notes that "CBT is an evidence-based intervention proven effective for children with depression, trauma, and anxiety disorders, addressing emotional and behavioral challenges through structured techniques." While CBT may be adapted for conduct disorders (option B), it is less commonly cited as a primary intervention compared to anxiety disorders.

Learning disorders (option A) typically require educational interventions, and delusional disorders (option D) are more associated with severe mental illnesses that may require different approaches, such as medication or specialized therapies.

\* CFRP Study Guide (Section on Supporting Health and Wellness): "Cognitive Behavioral Therapy (CBT) is an evidence-based practice effective for children diagnosed with depression, trauma, and anxiety disorders, helping them manage emotions and behaviors." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Evidence-Based Practices.

Psychiatric Rehabilitation Association (PRA) Guidelines on Mental Health Interventions for Children.

#### NEW QUESTION # 45

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