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CFRP and CPRP Exam Study Guide: Best Practices in Psychiatric Rehabilitation Exam questions with correct answers

- In psychiatric rehabilitation, we define the desired outcome as: recovery alife 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 certainthreshold of research evidence is reached, showing that one practice has better outcomes than alternatives, the practice is evidence-based.
- Evidence-Based Practices:: Specific interventions and service models that have been shown effective through multiple high-quality research studies by differentresearch teams
- 4. Best Practices:: Those approaches, tools, and techniques that are recognized desirable and effective, but have not yet been studied adequately and so lack evidence.
- 5. The Four Over-Arching Themes of Psychiatric Rehabilitation:: 1. Servicesthat are person-centered
- Services focused on full integration and participation in a person's community ofchoice.
- 3. Vigilance and activism to combat prejudice and discrimination.
- Effective and ongoing training that is relevant to the field and targeted towards developing the attitudes, knowledge, and skill needed to be an effective psychiatricrehabilitation practitioner.
- Person-Centered Services are Built On:: Self-determination, choice, and pro-mote individual responsibility.
- Service Plans in Psychiatric Rehabilitation are Designed to:: Define andachieve goals that are personally relevant and valuable.
- Assessment and Interventions in Psychiatric Rehabilitation Target:: Theskills and supports needed to achieve personal goals.
- Psychiatric Rehabilitation Services focus on:: the whole of a person and whatis 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 (Q83-Q88):

#### **NEW OUESTION #83**

Practitioners may self-disclose for the purpose of:

- A. Ensuring treatment participation.
- B. Challenging values and beliefs.
- C. Modeling and instilling hope.
- D. Directing family choice.

#### Answer: C

#### Explanation:

The Professional Role Competencies domain addresses ethical and purposeful practitioner behaviors, including self-disclosure.

The PRA CFRP Study Guide 2024-2025 states that self-disclosure, when used judiciously, should model positive behaviors or instill hope, such as sharing a relevant personal experience to demonstrate resilience or recovery.

OptionC(Modeling and instilling hope) is correct because the PRA guidelines permit self-disclosure to inspire children and families by showing that challenges can be overcome, aligning with strengths-based practice.

OptionA(Ensuring treatment participation) is incorrect because self-disclosure to manipulate participation is unethical per the PRA Code of Ethics.

OptionB(Challenging values and beliefs) is incorrect because self-disclosure should not confront or challenge but rather support and validate

OptionD(Directing family choice) is incorrect because self-disclosure should not influence family decisions but rather empower autonomy.

Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Professional Role Competencies: Ethical Self-Disclosure

PRA Certification Candidate Handbook, Competency Domain 2: Professional RoleCompetencies.

PRA Code of Ethics, Principle 7: Ethical Conduct.

#### **NEW QUESTION #84**

Transition-age youth are able to gain psychosocial protective factors as well as neurophysiological buffering through which of the following?

- A. Connection to a peer network
- B. Involvement in the child protective system
- C. Consistent relationships with caring individuals
- D. Caregiving for younger siblings

#### Answer: C

#### Explanation:

In the CFRP framework, transition-age youth services focus on fostering protective factors to support mental health and resilience. Consistent relationships with caring individuals, such as mentors or supportive adults, provide psychosocial protective factors (e.g., emotional support) and neurophysiological buffering (e.g., reducing stress responses). The CFRP study guide states, "Transition-age youth gain psychosocial protective factors and neurophysiological buffering through consistent relationships with caring individuals, which mitigate stress and enhance resilience." Caregiving for siblings (option B) may build responsibility but is less directly linked to neurophysiological benefits. Involvement in child protective services (option C) is often a risk factor, not a protective one. Peer networks (option D) are supportive but less impactful than adult relationships.

\* CFRP Study Guide (Section on Transition-Age Youth Services): "Consistent relationships with caring individuals provide transition-age youth with psychosocial protective factors and neurophysiological buffering, reducing stress and promoting resilience." References:

CFRP Study Guide, Section on Transition-Age Youth Services, Protective Factors.

Psychiatric Rehabilitation Association (PRA) Guidelines on Youth Resilience.

#### **NEW QUESTION #85**

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

#### Answer: D

#### 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 OUESTION #86**

A 9-year-old does not get selected for the school all-star baseball team. This child seeks social support from his peers to manage his disappointment. This is an example of what type of coping strategy?

- A. Emotion focused
- B. Problem focused
- C. Cognitive focused
- D. Process focused

#### Answer: A

#### Explanation:

The Strategies for Facilitating Recoverydomain includes understanding coping strategies to support resiliency. The PRA CFRP Study Guide 2024-2025 definesemotion-focused copingas strategies that manage emotional distress, such as seeking social support to process feelings, as opposed to addressing the problem directly.

OptionA(Emotion focused) is correct because seeking peer support to manage disappointment focuses on regulating emotions rather than solving the problem (non-selection for the team). The PRA framework highlights this as a healthy coping mechanism for children.

OptionB(Cognitive focused) is incorrect because cognitive-focused coping involves reframing thoughts, not seeking social support. OptionC(Process focused) is incorrect because "process focused" is not a recognized coping category in the PRA framework. OptionD(Problem focused) is incorrect because problem-focused coping addresses the issue directly (e.g., practicing to make the team next time), not managing emotions through support.

Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Strategies for Facilitating Recovery: Coping Strategies.

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

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

#### **NEW OUESTION #87**

One of the best strategies a practitioner can teach parents of a transition-age youth is to communicate in a manner that is

- A. detailed and illustrative.
- B. short and to the point.
- C. rational and in-depth.
- D. slow and deliberate.

#### Answer: B

#### Explanation:

In the CFRP framework, transition-age youth services include equipping parents with effective communication strategies to support their youth. Teaching parents to communicate in a manner that is short and to the point is one of the best strategies, as it respects the youth's need for autonomy and clarity while avoiding overwhelming them. The CFRP study guide explains, "A key strategy for parents of transition-age youth is to communicate in a short and to-the-point manner, fostering clear and respectful interactions." Slow and deliberate (option A), detailed and illustrative (option B), or rational and in-depth (option C) communication may be less effective, as they can feel overbearing or disengaging to youth.

\* CFRP Study Guide (Section on Transition-Age Youth Services): "Practitioners should teach parents of transition-age youth to communicate in a short and to-the-point manner to promote effective and respectful engagement." References:

CFRP Study Guide, Section on Transition-Age Youth Services, Parent Communication Strategies.

Psychiatric Rehabilitation Association (PRA) Guidelines on Youth and Family Engagement.

#### **NEW QUESTION #88**

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