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CERTIFIED PSYCHIATRIC REHABILITATION PRACTITIONER (CPRP) EXAM PREP 2023 VERIFIED QUESTIONS AND ANSWERS ALREADY PASSED

Mental health affects about 20% of the population. - CORRECT ANSWER: True
Psychiatric rehabilitation emerged out of the deinstitutionalization movement of the 1930's. - CORRECT ANSWER: False
_____ is/are example(s) of evidence-based practices. - CORRECT ANSWER: All of the above
Delusion are bizarre beliefs or ideas that a person cannot be talked out of while hallucinations are incorrect sensory information that the individual experiences as real. - CORRECT ANSWER: True
Mood disorders effect between - CORRECT ANSWER: about 5-20% of the population.
The "Vermont study" by Dr. Harding was one of the first longitudinal studies to demonstrate that persons with schizophrenia could have positive long-term outcomes. - CORRECT ANSWER: True
Illness Management and Recovery is an evidence based practice consisting of - CORRECT ANSWER: psychoeducation and self-management strategies.
Recovery is a operationalized construct that can only be measured by medical doctors. - CORRECT ANSWER: False
The main goal of Psychiatric Rehabilitation is: - CORRECT ANSWER: to promote recovery.
Shared decision making involves consumers deferring to the needs of the treatment team they are working with. - CORRECT ANSWER: False
The PsyR process has three stages: the diagnostic stage, the planning stage and the _____ stage. - CORRECT ANSWER: intervention stage.
Since deinstitutionalization PsyR has had a focus on the concept of interdependence. - CORRECT ANSWER: True

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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q85-Q90):

NEW QUESTION # 85

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

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

Answer: D

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 # 86

A practitioner would invite a sibling of a service recipient to participate in a session when doing so

- A. extends treatment to family members.
- **B. augments treatment.**
- C. addresses conflict.
- D. provides respite for the parents.

Answer: B

Explanation:

In the CFRP framework, family involvement is a key strategy for facilitating recovery, as it promotes resilience and supports the recovery process of the service recipient. Inviting a sibling to participate in a session is appropriate when it augments the treatment of the primary service recipient, such as by enhancing family dynamics, providing peer support, or reinforcing therapeutic goals. The CFRP study guide states that

"including siblings in sessions can augment treatment by fostering family cohesion and supporting the recovery process of the child receiving services." Providing respite for parents (option A) is not the primary purpose of involving a sibling in a therapeutic session. Addressing conflict (option B) may be a secondary outcome but is not the primary reason unless specified. Extending treatment to family members (option C) is inaccurate, as the focus remains on the service recipient's treatment, not treating the sibling.

* CFRP Study Guide (Section on Strategies for Facilitating Recovery): "Involving siblings in sessions can augment treatment by strengthening family support systems and enhancing the recovery process for the child receiving services." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Strategies for Facilitating Recovery, Family Involvement.

Psychiatric Rehabilitation Association (PRA) Guidelines on Family-Centered Practice.

NEW QUESTION # 87

During assessment, it is important to encourage children to talk about their experiences and perceptions because children often

- A. repress their memories and feelings.
- B. hide important information about themselves.
- C. are unaware of their strengths and weaknesses.
- D. are excited to talk about themselves.

Answer: C

Explanation:

In the CFRP framework, assessment, planning, and outcomes emphasize engaging children in the assessment process to gain insight into their needs and strengths. Encouraging children to talk about their experiences and perceptions is critical because they are often unaware of their strengths and weaknesses, which can inform tailored interventions. The CFRP study guide states, "During assessments, practitioners should encourage children to share their experiences and perceptions, as children are often unaware of their strengths and weaknesses, providing valuable insights for planning." While children may be excited to talk (option A), repress memories (option C), or hide information (option D), these are less universal and less directly tied to the purpose of identifying strengths and weaknesses.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "Encouraging children to discuss their experiences during assessments is essential, as they are often unaware of their strengths and weaknesses, which informs effective planning." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Assessment, Planning, and Outcomes, Child-Centered Assessments.

Psychiatric Rehabilitation Association (PRA) Guidelines on Strengths-Based Assessment.

NEW QUESTION # 88

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

Answer: C

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 # 89

The process for supporting students with mental health needs in an academic setting includes

- A. social, physical, and vocational skills development.
- B. social, emotional, and intellectual skills development.
- C. intensive on-site training to perform tasks.
- D. intensive on-campus support to succeed at school.

Answer: B

Explanation:

Supporting students with mental health needs in academic settings is a key aspect of supporting health and wellness in the CFRP

framework. The process involves fostering social, emotional, and intellectual skills development to help students manage their mental health and thrive academically. The CFRP study guide states, "Supporting students with mental health needs in academic settings requires a focus on social, emotional, and intellectual skills development to promote resilience and academic success." Social, physical, and vocational skills (option A) are relevant but less comprehensive in this context. Intensive on-site training (option B) or on-campus support (option C) may be components but do not capture the holistic skill development needed.

* CFRP Study Guide (Section on Supporting Health and Wellness): "The process for supporting students with mental health needs in academic settings emphasizes social, emotional, and intellectual skills development to ensure resilience and academic achievement." References:

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

Psychiatric Rehabilitation Association (PRA) Guidelines on Academic Interventions.

NEW QUESTION # 90

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