

CFRP Reliable Exam Tutorial - CFRP Exam Study Guide

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 (Q32-Q37):

NEW QUESTION # 32

Empathy is

- A. being concerned with the well-being of another.
- B. sharing a similar experience with someone else.
- C. feeling pity or sorrow for someone's misfortune.
- D. **understanding a person on a cognitive and emotional level.**

Answer: D

Explanation:

Interpersonal competencies in the CFRP framework highlight empathy as a key skill for building therapeutic relationships. Empathy is defined as understanding a person on both a cognitive (intellectual comprehension) and emotional (feeling with) level, enabling deep connection. The CFRP study guide states, "Empathy involves understanding a person on a cognitive and emotional level, fostering trust and validation in interactions." Feeling pity (option A) describes sympathy, not empathy. Sharing experiences (option C) is not required for empathy, and concern for well-being (option D) is too broad.

* CFRP Study Guide (Section on Interpersonal Competencies): "Empathy is the ability to understand a person on both cognitive and emotional levels, creating a foundation for trustful relationships." References:

CFRP Study Guide, Section on Interpersonal Competencies, Empathy in Practice.

Psychiatric Rehabilitation Association (PRA) Guidelines on Therapeutic Communication.

NEW QUESTION # 33

A practitioner is meeting with a parent who wants her son to be sent to a residential treatment facility because he is acting out and threatening his younger siblings. How should the practitioner proceed?

- A. **Request a treatment team meeting including the child and family.**
- B. Call the authorities to remove the child from the family home.
- C. Refer the child to an anger management class.
- D. Refer the child to a residential treatment facility.

Answer: A

Explanation:

In the CFRP framework, assessment, planning, and outcomes prioritize family-driven and collaborative approaches. When a parent requests residential treatment due to a child's threatening behavior, the practitioner should first request a treatment team meeting including the child and family to assess the situation, explore alternatives, and develop a plan. The CFRP study guide states, "When a parent seeks residential treatment for a child's challenging behaviors, the practitioner's first step is to request a treatment team meeting with the child and family to collaboratively assess needs and explore less restrictive options." Immediate referral to residential treatment (option A) or anger management (option B) bypasses assessment.

Calling authorities (option D) is premature and escalates unnecessarily.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "For requests for residential treatment due to behavioral issues, practitioners should first convene a treatment team meeting with the child and family to assess and plan collaboratively."

References:

CFRP Study Guide, Section on Assessment, Planning, and Outcomes, Collaborative Planning.

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

NEW QUESTION # 34

What is the service MOST commonly used to describe connecting a child to community resources?

- A. Crisis intervention
- **B. Case management**
- C. Peer support
- D. Treatment planning

Answer: B

Explanation:

Connecting children and families to community resources is a core component of community integration within the CFRP framework. The service most commonly associated with this activity is case management, which involves coordinating and linking families to community-based supports such as educational programs, recreational activities, or social services. The CFRP study guide defines case management as "the process of assessing needs, identifying appropriate community resources, and facilitating connections to support child and family resilience." Crisis intervention (option B) focuses on immediate stabilization, not resource connection. Peer support (option C) involves emotional or social support from peers, not resource coordination. Treatment planning (option D) focuses on developing therapeutic goals, not community resource linkage.

* CFRP Study Guide (Section on Community Integration): "Case management is the primary service used to connect children and families to community resources, ensuring access to supports that promote resilience and recovery." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Community Integration, Case Management. Psychiatric Rehabilitation Association (PRA) Guidelines on Community-Based Services.

NEW QUESTION # 35

The best way for a practitioner to address a child and family's isolation due to stigma, shame, and embarrassment related to living with mental illness is to

- **A. connect the child with a family support group.**
- B. encourage the family to attend church.
- C. reconnect the child with natural supports.
- D. provide the family information about community events.

Answer: A

Explanation:

Community integration in the CFRP framework involves reducing isolation and stigma by connecting families to supportive networks. Connecting a child and family to a family support group is the most effective way to address isolation due to stigma, shame, and embarrassment, as these groups provide peer understanding, shared experiences, and emotional support. The CFRP study guide emphasizes, "Family support groups are the best resource for addressing isolation caused by stigma, offering a safe space for families to share experiences and build resilience." Reconnecting with natural supports (option A) may be helpful but is less specific to stigma. Providing information about community events (option B) or encouraging church attendance (option D) may not directly address the emotional barriers caused by mental illness stigma.

* CFRP Study Guide (Section on Community Integration): "To combat isolation due to stigma, shame, and embarrassment, practitioners should connect families to family support groups, which provide peer support and reduce feelings of isolation."

References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Community Integration, Addressing Stigma. Psychiatric Rehabilitation Association (PRA) Guidelines on Community Support Networks.

NEW QUESTION # 36

A practitioner is working with a child who is being bullied at school. How can the practitioner promote resiliency?

- A. Encourage the child to avoid the bully and make new friends.
- B. Encourage the child to take a self-defense class and confront the bully.
- C. Revisit the experience and have the child explain the details.
- **D. Reframe the child's experience and encourage a positive self-view.**

Answer: D

Explanation:

Promoting resiliency is a key focus of the Strategies for Facilitating Recovery domain, which emphasizes strengths-based interventions to help children overcome adversity. The PRA CFRP Study Guide 2024-2025 defines resiliency as the ability to adapt and thrive despite challenges, such as bullying. Practitioners should use interventions that empower the child, reinforce self-worth, and reframe

negative experiences to foster a positive self-concept.

OptionB(Reframe the child's experience and encourage a positive self-view) is correct. The PRA guidelines advocate for cognitive reframing, where the practitioner helps the child view the bullying experience as a challenge they can overcome, rather than a reflection of their worth. Encouraging a positive self-view aligns with strengths-based practices, such as affirming the child's strengths and building self-esteem.

OptionA(Encourage the child to take a self-defense class and confront the bully) is incorrect because confrontation may escalate the situation and is not a trauma-informed or resiliency-focused approach. The PRA Code of Ethics emphasizes non-violent, collaborative solutions.

OptionC(Revisit the experience and have the child explain the details) is incorrect because repeatedly recounting traumatic events without therapeutic processing can re-traumatize the child. The PRA study guide advises against dwelling on negative details without a strengths-based focus.

OptionD(Encourage the child to avoid the bully and make new friends) is incorrect because avoidance does not address the child's emotional needs or build resiliency. While making new friends is positive, it does not tackle the underlying impact of bullying, which the PRA framework prioritizes.

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Psychiatric Rehabilitation Association,CFRP Study Guide 2024-2025, Section on Strategies for Facilitating Recovery: Resiliency and Strengths-Based Practice.

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

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

NEW QUESTION # 37

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