

Free PDF Reliable Psychiatric Rehabilitation Association - CFRP - Certified Child and Family Resiliency Practitioner (CFRP) Test Book

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 (Q61-Q66):

NEW QUESTION # 61

A child and his family are preparing to make an active change in their health and wellness. How would the practitioner proceed?

- A. Examine their readiness to make changes.
- B. Demonstrate empathy and understanding.
- C. Assess their strengths and weaknesses.
- D. Assist them in developing goal statements and plans.

Answer: A

Explanation:

In the CFRP framework, assessment, planning, and outcomes involve a structured approach to support families in achieving health and wellness goals. When a child and family are preparing to make active changes, the practitioner's first step is to examine their readiness to make changes, using frameworks like the Stages of Change model to ensure commitment and feasibility. The CFRP study guide states, "Before initiating health and wellness changes, practitioners must examine the child and family's readiness to make changes to ensure effective planning and engagement." Demonstrating empathy (option B), developing goals (option C), or assessing strengths (option D) are important but follow the initial assessment of readiness.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "When a child and family are preparing for health and wellness changes, the practitioner's first step is to examine their readiness to make changes, ensuring alignment with their motivation and capacity." References:

CFRP Study Guide, Section on Assessment, Planning, and Outcomes, Change Readiness.

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

NEW QUESTION # 62

The skill of self-monitoring in relation to executive functioning is MOST evident in which of the following academic subjects?

- A. History and literature
- B. Art and music
- C. Math and writing
- D. Science and technology

Answer: C

Explanation:

The Supporting Health and Wellness domain includes promoting cognitive and behavioral skills, such as executive functioning, which encompasses self-monitoring (the ability to track and regulate one's performance). The PRA CFRP Study Guide 2024-2025 explains that self-monitoring is critical in structured, sequential tasks requiring planning, organization, and error correction, such as those found in math and writing.

Option B (Math and writing) is correct. Math requires self-monitoring to check calculations and follow multi-step processes, while writing involves planning, drafting, and revising, all of which demand self-regulation.

The PRA study guide highlights these subjects as prime examples where executive functioning deficits are evident and can be supported.

Option A (Art and music) is incorrect because, while creative, these subjects rely more on expression than structured self-monitoring. The PRA framework notes they engage different cognitive processes.

Option C (History and literature) is incorrect because these subjects focus on comprehension and analysis, with less emphasis on sequential self-monitoring compared to math and writing.

Option D (Science and technology) is partially correct, as science involves some self-monitoring (e.g., experiments), but it is less consistent than math and writing. The PRA study guide prioritizes math and writing for executive functioning.

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Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Supporting Health and Wellness: Executive Functioning.

PRA Certification Candidate Handbook, Competency Domain 7: Supporting Health and Wellness.

PRA Code of Ethics, Principle 6: Promoting Skill Development.

NEW QUESTION # 63

A primary reason for the lack of early intervention when a child presents with distress-related mental health issues is due to the belief that

- A. stigma will occur.
- **B. it is typical behavior.**
- C. it will resolve with age.
- D. nothing can be done.

Answer: B

Explanation:

In the CFRP framework, supporting health and wellness involves addressing barriers to early intervention for mental health issues. A primary reason for delayed intervention is the belief that distress-related behaviors in children are typical behavior for their age, leading caregivers to overlook the need for support. The CFRP study guide notes, "The belief that distress-related mental health issues in children are typical behavior is a primary reason for the lack of early intervention, delaying access to necessary services." Stigma (option A), believing nothing can be done (option B), or expecting resolution with age (option D) are concerns but less prevalent than misinterpreting behaviors as typical.

* CFRP Study Guide (Section on Supporting Health and Wellness): "A key barrier to early intervention is the belief that children's distress-related mental health issues are typical behavior, preventing timely access to support." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Early Intervention Barriers.

Psychiatric Rehabilitation Association (PRA) Guidelines on Mental Health Screening.

NEW QUESTION # 64

During a session, a child receiving services becomes verbally aggressive, insulting, and threatening. The practitioner's initial effort to de-escalate the situation would be to

- A. establish boundaries using a loud and firm voice.
- B. ignore the behaviors and continue the session.
- **C. respond slowly and confidently in a gentle, caring way.**
- D. practice safety first and remove himself from the situation.

Answer: C

Explanation:

Interpersonal competencies in the CFRP framework include managing challenging behaviors with de-escalation techniques. When a child becomes verbally aggressive, insulting, and threatening, the practitioner's initial effort to de-escalate is to respond slowly and confidently in a gentle, caring way, which helps calm the situation and maintain trust. The CFRP study guide states, "To de-escalate verbal aggression in a session, practitioners should initially respond slowly and confidently in a gentle, caring manner to reduce tension and preserve the therapeutic relationship." Ignoring behaviors (option A) may escalate the situation. Using a loud voice (option B) can intensify aggression. Removing oneself (option C) is a last resort if safety is at risk, not the initial step.

* CFRP Study Guide (Section on Interpersonal Competencies): "The initial de-escalation strategy for a child's verbal aggression is to respond slowly and confidently in a gentle, caring way, promoting calm and maintaining trust." References:

CFRP Study Guide, Section on Interpersonal Competencies, De-Escalation Techniques.

Psychiatric Rehabilitation Association (PRA) Guidelines on Managing Challenging Behaviors.

NEW QUESTION # 65

A strengths-based approach requires the practitioner to focus on

- A. needs, barriers, and outcomes.

- B. assessment, planning, and solutions.
- **C. opportunities, hope, and solutions.**
- D. risks, benefits, and outcomes.

Answer: C

Explanation:

The strengths-based approach in the CFRP framework, within strategies for facilitating recovery, requires practitioners to focus on opportunities, hope, and solutions to empower families and foster resilience. The CFRP study guide states, "A strengths-based approach centers on opportunities, hope, and solutions, encouraging families to build on their strengths for positive change." Risks, benefits, and outcomes (option A) are analytical but not strengths-focused. Assessment, planning, and solutions (option B) are procedural, not the core focus. Needs, barriers, and outcomes (option C) emphasize deficits, contrary to the approach.

* CFRP Study Guide (Section on Strategies for Facilitating Recovery): "In a strengths-based approach, practitioners focus on opportunities, hope, and solutions to inspire and empower families toward resilience." References:

CFRP Study Guide, Section on Strategies for Facilitating Recovery, Strengths-Based Approach.

Psychiatric Rehabilitation Association (PRA) Guidelines on Empowerment Practices.

NEW QUESTION # 66

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