

Hot CFRP Dump Collection - How to Prepare for Psychiatric Rehabilitation Association CFRP Exam

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 (Q97-Q102):

NEW QUESTION # 97

A practitioner is working with a child whose school has placed her on homebound instruction due to disruptive behaviors in the classroom. Her parents would like her reintegrated into the school setting. How should the practitioner support the parent?

- A. Assist the parents in finding an alternative educational placement.
- B. Schedule an inter-agency meeting and invite the child and school personnel.
- C. Approach the school personnel and ask that the child be reinstated.
- **D. Provide information to the parents regarding least restrictive educational mandates.**

Answer: D

Explanation:

Systems competencies in the CFRP framework involve advocating for children's educational rights. When a child is on homebound instruction and parents seek reintegration, the practitioner's first step is to provide information to the parents regarding least restrictive environment (LRE) mandates, such as those under the Individuals with Disabilities Education Act (IDEA), empowering them to advocate effectively. The CFRP study guide notes, "To support parents seeking school reintegration, practitioners should first provide information on least restrictive environment mandates to guide advocacy for the child's return to the classroom." Scheduling a meeting (option A) may follow but is not the first step. Finding alternative placement (option C) or directly approaching the school (option D) bypasses empowering the parents.

* CFRP Study Guide (Section on Systems Competencies): "When parents seek reintegration of a child from homebound instruction, practitioners should first provide information on least restrictive environment mandates to support informed advocacy." References: CFRP Study Guide, Section on Systems Competencies, Educational Advocacy. Psychiatric Rehabilitation Association (PRA) Guidelines on School Reintegration.

NEW QUESTION # 98

According to the Adverse Childhood Experience (ACE) Study, adverse childhood experiences can BEST be reversed by

- **A. a consistent nurturing person.**
- B. ongoing therapeutic interventions.
- C. residential treatment programs.
- D. a biological family member.

Answer: A

Explanation:

In the CFRP framework, supporting health and wellness includes addressing the impacts of adverse childhood experiences (ACEs) as identified in the ACE Study. The study emphasizes that the presence of a consistent nurturing person, such as a supportive caregiver or mentor, is the most effective way to mitigate the long-term effects of ACEs by fostering resilience and emotional security. The CFRP study guide states, "According to the ACE Study, the effects of adverse childhood experiences are best reversed by a consistent nurturing person who provides emotional support and stability." A biological family member (option B) is not necessarily required, as the key is nurturing support. Residential treatment (option C) and ongoing therapy (option D) may help but are less impactful than a nurturing relationship.

* CFRP Study Guide (Section on Supporting Health and Wellness): "The ACE Study highlights that a consistent nurturing person is the most effective means to reverse the impacts of adverse childhood experiences, promoting resilience through stable support."

References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Adverse Childhood Experiences.

Psychiatric Rehabilitation Association (PRA) Guidelines on Trauma Recovery.

NEW QUESTION # 99

A child's participation in the development of an action plan

- A. teaches social skills.
- B. ensures positive outcomes.
- **C. increases locus of control.**
- D. reinforces resiliency.

Answer: C

Explanation:

In the CFRP framework, strategies for facilitating recovery include empowering children by involving them in their own action plans. A child's participation in developing an action plan increases their locus of control, fostering a sense of agency and responsibility for their recovery. The CFRP study guide states, "Involving children in the development of their action plans increases their locus of control, empowering them to take an active role in their recovery process." While participation may also teach social skills (option B) or reinforce resiliency (option D), these are secondary benefits. Ensuring positive outcomes (option C) is not guaranteed by participation alone, as outcomes depend on multiple factors.

* CFRP Study Guide (Section on Strategies for Facilitating Recovery): "A child's active participation in creating an action plan increases their locus of control, promoting empowerment and engagement in recovery." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Strategies for Facilitating Recovery, Child Empowerment.

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

NEW QUESTION # 100

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

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

Answer: B

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 # 101

The concept of person-first language is founded in

- A. political correctness.
- B. the need for accommodation.
- **C. respect for differences.**
- D. the limits of disability.

Answer: C

Explanation:

The CFRP framework emphasizes cultural competence and respectful communication within interpersonal competencies. Person-first language, which prioritizes the individual over their disability or condition (e.g., "a child with autism" rather than "an autistic child"), is founded in respect for differences. This approach acknowledges the dignity and individuality of each person. The CFRP

study guide states, "Person-first language is rooted in respect for differences, emphasizing the individual's humanity and unique qualities over their condition or disability." The limits of disability (option A) or the need for accommodation (option B) are not the foundation, though they may relate to its application. Political correctness (option C) is a mischaracterization, as person-first language is about dignity, not superficial compliance.

* CFRP Study Guide (Section on Interpersonal Competencies): "The concept of person-first language is founded in respect for differences, promoting dignity by prioritizing the individual's identity over their disability or condition." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Interpersonal Competencies, Respectful Communication.

Psychiatric Rehabilitation Association (PRA) Guidelines on Person-First Language.

NEW QUESTION # 102

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