Latest CFRP Test Notes, CFRP Valid Exam Notes

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.
- 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 psychiatricrehabilitation practitioner.
- Person-Centered Services are Built On:: Self-determination, choice, and pro-mote individual responsibility.
- 7. 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 (Q59-Q64):

NEW QUESTION #59

According to the Adverse Childhood Experience (ACE) Study, adverse childhood experiences have been linked to the following health problems.

- A. Cancer, sexually transmitted diseases, and depression
- B. Diabetes, acne, and anxiety
- C. Obesity, psoriasis, and head trauma
- D. Attention deficit hyperactivity disorder, eczema, and asthma

Answer: A

Explanation:

Supporting health and wellness in the CFRP framework includes understanding the long-term impacts of adverse childhood experiences (ACEs). The ACE Study links ACEs to health problems such as cancer, sexually transmitted diseases, and depression, due to their influence on physical and mental health outcomes.

The CFRP study guide states, "The Adverse Childhood Experience Study demonstrates that ACEs are associated with increased risks of cancer, sexually transmitted diseases, and depression, reflecting their broad impact on health." Options A, B, and D include conditions (e.g., acne, psoriasis, eczema) not directly linked to ACEs in the study's findings.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Per the ACE Study, adverse childhood experiences are linked to health issues like cancer, sexually transmitted diseases, and depression, highlighting their significant health consequences."

References:

CFRP Study Guide, Section on Supporting Health and Wellness, Adverse Childhood Experiences.

Psychiatric Rehabilitation Association (PRA) Guidelines on Trauma and Health Outcomes.

NEW QUESTION #60

Defining the limits of exchanging information with persons outside of the treatment team is an example of

- A. informed consent.
- B. protecting confidentiality.
- C. shared decision-making.
- D. self-determination.

Answer: B

Explanation:

Professional role competencies in the CFRP framework include adhering to ethical standards, such as protecting confidentiality. Defining the limits of exchanging information with persons outside the treatment team is a clear example of protecting confidentiality, ensuring client privacy and trust. The CFRP study guide states, "Protecting confidentiality involves defining the limits of information exchange with individuals outside the treatment team to maintain client trust and ethical practice." Self-determination (option A) relates to client autonomy, shared decision-making (option B) involves collaborative choices, and informed consent (option C) pertains to agreeing to treatment, none of which directly address information limits.

* CFRP Study Guide (Section on Professional Role Competencies): "Defining the limits of exchanging information with persons outside the treatment team is a key aspect of protecting confidentiality, ensuring ethical and trustworthy practice." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Professional Role Competencies, Ethical Practice.

Psychiatric Rehabilitation Association (PRA) Guidelines on Confidentiality.

NEW QUESTION #61

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

Answer: A

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 #62

A child's mother expressed concern that between her home, the child's father's home, and school, there are too many competing behavioral expectations. What is the BEST course of action for the practitioner to take?

- A. Explain services are limited to the behavioral concerns and goals at the mother's home.
- B. Require weekly meetings with both parents to review concerns and goals in each home.
- C. Inform the mother that agency policy prohibits interference with school concerns and goals.
- D. Convene a team meeting with both parents at the school to identify concerns and goals.

Answer: D

Explanation:

The CFRP framework emphasizes collaborative and family-driven planning within the domain of Assessment, Planning, and Outcomes. When a mother raises concerns about competing behavioral expectations across different environments (her home, the father's home, and school), the best course of action is to convene a team meeting with both parents and school officials to identify concerns and align goals. This approach fosters consistency and collaboration across settings. The CFRP study guide notes, "To address competing behavioral expectations across home and school environments, practitioners should convene a team meeting with parents and school representatives to collaboratively identify concerns and establish consistent goals." Requiring weekly meetings (option A) may be excessive without first establishing a unified plan. Limiting services to the mother's home (option D) or citing agency policy (option C) disregards the need for systemic collaboration.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "When competing behavioral expectations arise across home and school settings, the practitioner should convene a team meeting with parents and school officials to align concerns and goals for consistency." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Assessment, Planning, and Outcomes, Collaborative Planning.

Psychiatric Rehabilitation Association (PRA) Guidelines on Family and School Collaboration.

NEW QUESTION #63

Playing card games with a transition-age youth is a cognitive training exercise that increases

- A. peer support.
- B. intellect.
- C. memory.
- D. social communication.

Answer: C

Explanation:

Within the CFRP framework, transition-age youth services include activities like cognitive training to enhance mental skills. Playing card games is a cognitive training exercise that primarily increases memory, as it requires recalling rules, strategies, and card sequences. The CFRP study guide notes, "Playing card games with transition-age youth serves as a cognitive training exercise that enhances memory by engaging recall and strategic thinking." Intellect (option A) is too broad, social communication (option C) is a secondary benefit, and peer support (option D) is unrelated to the cognitive focus of card games.

* CFRP Study Guide (Section on Transition-Age Youth Services): "Card games are effective cognitive training exercises for transition-age youth, primarily increasing memory through engagement with rules and sequences." References:

CFRP Study Guide, Section on Transition-Age Youth Services, Cognitive Skill Development.

Psychiatric Rehabilitation Association (PRA) Guidelines on Cognitive Interventions for Youth.

NEW QUESTION #64

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