

Psychiatric Rehabilitation Association CFRP Exam Reference | Valid Test CFRP Tips

Certified Psychiatric Rehabilitation Practitioner (CPRP) Exam Prep Questions With Answers 2023 Updated

Mental health affects about 20% of the population. - ANSWER- [True](#)

Psychiatric rehabilitation emerged out of the deinstitutionalization movement of the 1930's. - ANSWER- [False](#)

_____ is/are example(s) of evidence-based practices. - ANSWER- [All of the above](#)

Delusions 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. - ANSWER- [True](#)

Mood disorders effect between - 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. - ANSWER- [True](#)

Illness Management and Recovery is an evidence based practice consisting of - ANSWER- [psych education and self-management strategies](#).

Recovery is an operationalized construct that can only be measured by medical doctors. - ANSWER- [False](#)

The main goal of Psychiatric Rehabilitation is: - ANSWER- [to promote recovery](#).

Shared decision making involves consumer's deferring to the needs of the treatment team they are working with. - ANSWER- [False](#)

The PsyR process has three stages: the diagnostic stage, the planning stage and the _____ stage. - ANSWER- [intervention stage](#).

Since deinstitutionalization PsyR has had a focus on the concept of interdependence. - ANSWER- [True](#)

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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q44-Q49):

NEW QUESTION # 44

A transition-age youth tells a practitioner that he has a plan to kill a younger sibling when the time is right.

What is the MOST appropriate course of action for the practitioner to take?

- A. Explain the limits of confidentiality and develop an action plan.
- B. Notify the police of the potential danger to the sibling.
- C. Maintain confidentiality and discourage him from taking action.
- D. Inform his family members of the danger to the sibling.

Answer: A

Explanation:

Professional role competencies in the CFRP framework require practitioners to balance confidentiality with the duty to protect when there is a credible threat of harm. When a transition-age youth expresses a plan to kill a sibling, the practitioner must first explain the limits of confidentiality, as mandated by ethical and legal standards, and then develop an action plan to address the threat, which may include safety planning, further assessment, or appropriate notifications. The CFRP study guide emphasizes, "When a client discloses a specific plan to harm others, practitioners must explain the limits of confidentiality and take immediate steps to develop an action plan to ensure safety." Maintaining confidentiality (option A) is inappropriate given the risk. Directly informing family members (option C) or notifying the police (option D) may be part of the action plan, but these steps should follow an initial discussion with the youth and a structured response, not be the first action.

* CFRP Study Guide (Section on Professional Role Competencies): "In cases of disclosed intent to harm others, practitioners must first explain the limits of confidentiality and develop an action plan to address the threat, ensuring the safety of all involved."

References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Professional Role Competencies, Ethical Practice and Duty to Warn.

Psychiatric Rehabilitation Association (PRA) Guidelines on Ethical Responsibilities.

NEW QUESTION # 45

Family enmeshment describes the

- A. extent of the family's involvement in treatment.
- B. lack of individuation of family members.
- C. lack of quality family interpersonal communication.
- D. extent of the family's involvement in the community.

Answer: B

Explanation:

In the CFRP framework, interpersonal competencies include understanding family dynamics, such as enmeshment. Family enmeshment describes a lack of individuation among family members, where boundaries are blurred, and individual identities are overly intertwined, often impacting emotional health. The CFRP study guide states, "Family enmeshment refers to a lack of individuation among family members, characterized by overly close emotional bonds and weak personal boundaries." Involvement in the community (option A) or treatment (option B) does not define enmeshment. Poor communication (option D) may be a consequence but is not the core definition.

* CFRP Study Guide (Section on Interpersonal Competencies): "Family enmeshment is defined as a lack of individuation among family members, where emotional boundaries are blurred, impacting family functioning." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Interpersonal Competencies, Family Dynamics. Psychiatric Rehabilitation Association (PRA) Guidelines on Family Systems.

NEW QUESTION # 46

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

Answer: B

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 # 47

Stimulant medication, when used in children with an attention deficit disorder, is likely to result in

- A. decreased academic achievement.
- B. increased appetite.
- C. increased acceptable behavior.
- D. decreased mood stability.

Answer: C

Explanation:

Within the CFRP framework, supporting health and wellness includes understanding the effects of evidence- based interventions, such as stimulant medications for children with attention deficit disorders (ADD/ADHD).

Stimulant medications, such as methylphenidate, are known to improve attention and impulse control, leading to increased acceptable behavior in social and academic settings. The CFRP study guide states, "Stimulant medications for children with attention deficit disorders typically result in increased acceptable behavior by enhancing focus and reducing impulsivity." Decreased mood stability (option A) is not a common outcome when medications are properly managed. Decreased academic achievement (option C) is unlikely, as improved focus often supports academic performance. Increased appetite (option D) is incorrect, as stimulants commonly reduce appetite as a side effect.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Stimulant medications, when used for attention deficit disorders, are likely to increase acceptable behavior by improving attention and reducing impulsive actions in children." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Pharmacological Interventions.

Psychiatric Rehabilitation Association (PRA) Guidelines on ADHD Management.

NEW QUESTION # 48

The approach that involves collaboration across agencies at the direction of families and transition-age youth is

- A. systems of care.
- B. recovery support systems.
- C. community coordination network.
- D. continuity of care.

Answer: A

Explanation:

Systems competencies in the CFRP framework include understanding coordinated service models. The systems of care approach involves collaboration across agencies, directed by families and transition-age youth, to provide individualized, community-based support. The CFRP study guide states, "The systems of care approach is characterized by collaboration across agencies, guided by the preferences and needs of families and transition-age youth, to deliver comprehensive services." Community coordination network (option B) is not a standard term. Continuity of care (option C) focuses on service consistency, not agency collaboration. Recovery support systems (option D) are broader and less specific to family-directed collaboration.

* CFRP Study Guide (Section on Systems Competencies): "Systems of care involve collaboration across agencies at the direction of families and transition-age youth, ensuring individualized and community-based support." References:

CFRP Study Guide, Section on Systems Competencies, Systems of Care.

Psychiatric Rehabilitation Association (PRA) Guidelines on Coordinated Service Models.

NEW QUESTION # 49

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