

Psychiatric Rehabilitation Association CFRP Latest Torrent, Key CFRP Concepts

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 (Q29-Q34):

NEW QUESTION # 29

The term evidence-based practice refers to successful interventions that must have

- A. produced positive survey results when children and caregivers were asked about the intervention.
- B. been used by practitioners in the field of psychiatric rehabilitation with positive results.
- C. been tested through multiple trials, with findings reported by teams of investigators.
- D. appeared in articles discussing caregiver satisfaction with the intervention.

Answer: C

Explanation:

In the CFRP framework, supporting health and wellness relies on evidence-based practices (EBPs), which are interventions rigorously tested for efficacy. Evidence-based practices must have been tested through multiple trials, with findings reported by teams of investigators, ensuring scientific validity and reliability. The CFRP study guide states, "Evidence-based practices are interventions that have been tested through multiple rigorous trials, with findings reported by teams of investigators, confirming their effectiveness." Caregiver satisfaction articles (option B) or survey results (option D) may provide feedback but do not define EBPs. Practitioner use with positive results (option C) is insufficient without formal research validation.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Evidence-based practices are defined as interventions tested through multiple trials, with findings reported by investigative teams, ensuring scientific validation of their success." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Evidence-Based Practices.

Psychiatric Rehabilitation Association (PRA) Guidelines on Evidence-Based Interventions.

NEW QUESTION # 30

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

Answer: B

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 # 31

Practitioners may self-disclose for the purpose of:

- A. Ensuring treatment participation.
- B. Directing family choice.
- C. Challenging values and beliefs.
- **D. Modeling and instilling hope.**

Answer: D

Explanation:

The Professional Role Competencies domain addresses ethical and purposeful practitioner behaviors, including self-disclosure.

The PRA CFRP Study Guide 2024-2025 states that self-disclosure, when used judiciously, should model positive behaviors or instill hope, such as sharing a relevant personal experience to demonstrate resilience or recovery.

Option C (Modeling and instilling hope) is correct because the PRA guidelines permit self-disclosure to inspire children and families by showing that challenges can be overcome, aligning with strengths-based practice.

Option A (Ensuring treatment participation) is incorrect because self-disclosure to manipulate participation is unethical per the PRA Code of Ethics.

Option B (Challenging values and beliefs) is incorrect because self-disclosure should not confront or challenge but rather support and validate.

Option D (Directing family choice) is incorrect because self-disclosure should not influence family decisions but rather empower autonomy.

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Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Professional Role Competencies: Ethical Self-Disclosure.

PRA Certification Candidate Handbook, Competency Domain 2: Professional Role Competencies.

PRA Code of Ethics, Principle 7: Ethical Conduct.

NEW QUESTION # 32

The concept of person-first language is founded in

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

Answer: A

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 # 33

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

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

Answer: C

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 # 34

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