

Questions For The Psychiatric Rehabilitation Association CFRP Exam With A Money-Back Guarantee

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 (Q90-Q95):

NEW QUESTION # 90

Between the ages of five and twelve years, a child is typically

- **A. developing skills and a sense of pride in accomplishments.**
- B. exploring interpersonal skills through initiating activities.
- C. forming an attachment to caregivers and teachers.
- D. coming to terms with emerging sexuality.

Answer: A

Explanation:

Supporting health and wellness in the CFRP framework includes understanding developmental stages.

Between ages five and twelve, children are typically in Erikson's industry vs. inferiority stage, developing skills and a sense of pride in accomplishments through tasks like schoolwork and hobbies. The CFRP study guide notes, "From ages five to twelve, children focus on developing skills and a sense of pride in accomplishments, building competence and self-esteem." Exploring interpersonal skills (option A) is less specific, forming attachments (option C) is more relevant to earlier stages, and emerging sexuality (option D) typically occurs in adolescence.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Children aged five to twelve typically develop skills and pride in accomplishments, aligning with the industry vs. inferiority developmental stage." References:

CFRP Study Guide, Section on Supporting Health and Wellness, Developmental Stages.

Psychiatric Rehabilitation Association (PRA) Guidelines on Child Development.

NEW QUESTION # 91

A caregiver is requesting a decrease in service hours. What is the practitioner's FIRST course of action?

- A. Seek supervision about the caregiver's resistance to service.
- **B. Discuss with the caregiver the reason for the request.**
- C. Encourage the caregiver to continue with the current service plan.
- D. Consult with a colleague about how to proceed with the caregiver.

Answer: B

Explanation:

In the CFRP framework, person-centered and family-driven planning is critical within the domain of Assessment, Planning, and Outcomes. When a caregiver requests a change, such as a decrease in service hours, the practitioner's first step is to engage in open communication to understand the caregiver's perspective and reasons for the request. The CFRP study guide emphasizes that "practitioners should initiate discussions with caregivers to explore their needs, preferences, and concerns to ensure services align with family goals." Encouraging continuation of the current plan (option A) without discussion disregards family-driven principles. Seeking supervision (option C) or consulting a colleague (option D) may be appropriate later, but these are not the first steps, as they bypass direct engagement with the caregiver.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "When caregivers request changes to service plans, the practitioner's first action is to discuss the reasons for the request, ensuring that services remain family-driven and aligned with their needs." References:

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

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

NEW QUESTION # 92

When collaborating with a child, the established goals should be

- A. open-ended and flexible.
- B. precise and confidential.
- C. general and time-framed.
- D. specific and measurable.

Answer: D

Explanation:

In the CFRP framework, assessment, planning, and outcomes emphasize collaborative goal-setting with children. Goals established with a child should be specific and measurable to ensure clarity and track progress effectively. The CFRP study guide states, "When collaborating with a child, goals must be specific and measurable to provide clear direction and allow for evaluation of progress toward recovery." Precise and confidential (option A) is partially correct but less accurate, as confidentiality is a separate concern. General and time-framed (option B) or open-ended and flexible (option D) goals lack the precision needed for effective planning and outcomes.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "Collaborative goal-setting with children requires goals to be specific and measurable to ensure clarity and facilitate progress tracking in the recovery process." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Assessment, Planning, and Outcomes, Goal-Setting Principles.

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

NEW QUESTION # 93

One principle of multicultural psychiatric rehabilitation is recognizing that culture is

- A. defined by language, ethnicity, and race.
- B. responsible for family treatment outcomes.
- C. based on country of origin.
- D. central to family recovery.

Answer: D

Explanation:

The CFRP framework emphasizes the importance of cultural competence in psychiatric rehabilitation, particularly in fostering recovery for children and families. According to the CFRP study guide, multicultural psychiatric rehabilitation recognizes that "culture is central to recovery" because it shapes individuals' and families' beliefs, values, and practices, which significantly influence their engagement with services and their recovery process. Culture is not narrowly defined by language, ethnicity, or race (as in option D), nor is it solely based on country of origin (option B). While culture can influence treatment outcomes, it is not accurate to say it is "responsible" for them (option A), as outcomes depend on multiple factors, including service quality and individual circumstances. Instead, the CFRP principles highlight that cultural competence involves understanding and integrating cultural contexts into recovery plans to support family resilience and recovery.

* CFRP Study Guide (Section on Interpersonal Competencies): "Recognizing that culture is central to recovery is a core principle of multicultural psychiatric rehabilitation. Practitioners must understand the cultural contexts of families to effectively support their recovery journey." References:

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

Psychiatric Rehabilitation Association (PRA) Guidelines on Cultural Competence.

NEW QUESTION # 94

A transition-age youth, who is depressed and shows patterns of thinking that reinforce suicide as the only option, is experiencing cognitive

- A. restructuring.
- B. congruence.
- C. distortions.
- D. dissonance.

Answer: C

Explanation:

In supporting transition-age youth, the CFRP framework addresses mental health challenges like depression and suicidality. Patterns

of thinking that reinforce suicide as the only option are indicative of cognitive distortions, such as all-or-nothing thinking or hopelessness, which are common in depression. The CFRP study guide notes, "Transition-age youth with depression who view suicide as the only option are experiencing cognitive distortions, characterized by irrational or exaggerated thought patterns." Cognitive restructuring (option A) is a therapeutic technique to address distortions, not the condition itself. Congruence (option B) refers to alignment between thoughts and feelings, not distorted thinking. Dissonance (option D) involves conflicting beliefs, not the described pattern.

* CFRP Study Guide (Section on Transition-Age Youth Services): "Cognitive distortions, such as viewing suicide as the only option, are common in depressed transition-age youth and require targeted interventions to address irrational thought patterns." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Transition-Age Youth Services, Mental Health Interventions.

Psychiatric Rehabilitation Association (PRA) Guidelines on Cognitive Behavioral Approaches.

NEW QUESTION # 95

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