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## Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q97-Q102):

### NEW QUESTION # 97

One of the best strategies a practitioner can teach parents of a transition-age youth is to communicate in a manner that is

- A. detailed and illustrative.
- B. slow and deliberate.
- C. rational and in-depth.
- **D. short and to the point.**

**Answer: D**

Explanation:

In the CFRP framework, transition-age youth services include equipping parents with effective communication strategies to support their youth. Teaching parents to communicate in a manner that is short and to the point is one of the best strategies, as it respects the youth's need for autonomy and clarity while avoiding overwhelming them. The CFRP study guide explains, "A key strategy for parents of transition-age youth is to communicate in a short and to-the-point manner, fostering clear and respectful interactions." Slow and deliberate (option A), detailed and illustrative (option B), or rational and in-depth (option C) communication may be less effective, as they can feel overbearing or disengaging to youth.

\* CFRP Study Guide (Section on Transition-Age Youth Services): "Practitioners should teach parents of transition-age youth to communicate in a short and to-the-point manner to promote effective and respectful engagement." References:

CFRP Study Guide, Section on Transition-Age Youth Services, Parent Communication Strategies.

Psychiatric Rehabilitation Association (PRA) Guidelines on Youth and Family Engagement.

### NEW QUESTION # 98

A family is refusing to work with a practitioner, stating they already have too many service providers. They do not want another new person working with their child. What is the BEST course of action for the practitioner to take?

- A. Accept the family's decision and move on to the next referral.
- B. Call the other service providers and request they close services with the family.
- **C. Coordinate a meeting with the family and all of the service providers.**
- D. Encourage the family to work with the practitioner for at least one month.

**Answer: C**

Explanation:

This question falls under the Systems Competencies domain, which focuses on collaboration with families, service providers, and community systems to support the child's recovery. The PRA CFRP Study Guide 2024-2025 emphasizes that practitioners must prioritize family-centered care and coordinate services to reduce fragmentation and overwhelm, especially when families feel burdened by multiple providers.

Option C (Coordinate a meeting with the family and all of the service providers) is the best course of action.

The PRA guidelines highlight that when a family resists additional services due to provider overload, the practitioner should facilitate collaboration among existing providers to streamline care. Coordinating a meeting allows the practitioner to clarify roles, align goals, and address the family's concerns, fostering trust and reducing redundancy. This approach aligns with the PRA's emphasis on systems integration and family empowerment.

Option A (Accept the family's decision and move on to the next referral) is incorrect because it dismisses the family's needs without exploring solutions. The PRA Code of Ethics requires practitioners to advocate for families and seek collaborative resolutions rather than disengaging.

Option B (Encourage the family to work with the practitioner for at least one month) is incorrect because it disregards the family's expressed concerns about provider overload. The PRA study guide advises against pressuring families, as this can erode trust and engagement.

Option D (Call the other service providers and request they close services with the family) is incorrect because it oversteps the practitioner's role and disregards the family's autonomy. The PRA framework emphasizes that decisions about service closure should involve the family and be based on their needs, not unilateral action by the practitioner.

References:

Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Systems Competencies:

Collaboration and Service Coordination.

PRA Certification Candidate Handbook, Competency Domain 6: Systems Competencies.

PRA Code of Ethics, Principle 2: Family-Centered Practice.

### NEW QUESTION # 99

SMART goals stands for:

- A. Specific, Measurable, Achievable, Realistic, Time Bound
- B. Simple, Measurable, Accurate, Realistic, Therapeutic
- C. Simple, Measurable, Achievable, Realistic, Therapeutic
- D. Specific, Measurable, Accurate, Realistic, Time Bound

**Answer: A**

Explanation:

The Assessment, Planning, and Outcomes domain emphasizes creating effective, goal-oriented service plans.

The PRA CFRP Study Guide 2024-2025 defines SMART goals as Specific, Measurable, Achievable, Realistic, and Time Bound, ensuring goals are clear, trackable, and feasible within a set timeframe.

Option D (Specific, Measurable, Achievable, Realistic, Time Bound) is correct, as it matches the PRA's standard definition of SMART goals used in psychiatric rehabilitation planning. This framework ensures goals are tailored to the child's needs and progress can be evaluated.

Option A (Specific, Measurable, Accurate, Realistic, Time Bound) is incorrect because "Accurate" is not part of the SMART acronym per PRA guidelines.

Option B (Simple, Measurable, Achievable, Realistic, Therapeutic) is incorrect because "Simple" and "Therapeutic" are not components of the SMART framework.

Option C (Simple, Measurable, Accurate, Realistic, Therapeutic) is incorrect for the same reasons, combining non-standard terms.

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Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Assessment, Planning, and Outcomes: Goal Setting.

PRA Certification Candidate Handbook, Competency Domain 4: Assessment, Planning, and Outcomes.

PRA Code of Ethics, Principle 5: Effective Planning.

#### NEW QUESTION # 100

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

**Answer: A**

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 # 101

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

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

- D. dissonance.

**Answer: A**

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 # 102

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