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CFRP Practice Test questions with correct answers

What does WRAP stand for? - Ans - Wellness Recovery Action Plan

What elements are central to recovery as identified by SAMHSA? - Ans - Holistic, Hope, Self-direction, Individualized and person centered, empowerment, nonlinear, strengths-based, respect, peer support

Rights of Passage (ROP) - Ans - A community based model for african american youth

Interpersonal and Intrapersonal factors to consider for cultural competency are - Ans - (1) sociocultural and demographic descriptors, (2) historic and current sociopolitical context, (3) cultural values beliefs and behaviors, (4) family & kinship network, (5) acculturation and adaptation styles, (6) developmental life stage, (7) multicultural identity development, (8) individual presentation style, (9) intrapersonal variables

Who developed the WRAP? - Ans - Developed by Mary Ellen Copeland in the 1960s.

What are the components of a WRAP? - Ans - (1) triggers, (2) crisis plan, (3) daily maintenance plan, (4) early warning signs

How many principles of psychiatric rehabilitation are there? - Ans - 12

How are the principles of psychiatric rehabilitation grouped? - Ans - 1-3: Role of the Practitioner

4-10: Best practices in the field
11-12: Service delivery

What are principles 1-3 of Psychiatric Rehabilitation? - Ans - Principles 1-3 relate to the role of the practitioner.

(1) PRP Practitioners convey hope and respect. Believe that all individuals have the capacity for learning and growth.

(2) PRP practitioners recognize that culture is central to recovery and strive to provide culturally appropriate and relevant services to consumers.

(3) PRP practitioners engage in the process of informed, shared decision-making and facilitate partnerships with other people/resources the individual receiving services has identified.

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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q50-Q55):

NEW QUESTION # 50

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

Answer: B

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 # 51

The skill of self-monitoring in relation to executive functioning is MOST evident in which of the following academic subjects?

- A. Art and music
- B. History and literature
- **C. Math and writing**
- D. Science and technology

Answer: C

Explanation:

The Supporting Health and Wellness domain includes promoting cognitive and behavioral skills, such as executive functioning, which encompasses self-monitoring (the ability to track and regulate one's performance). The PRA CFRP Study Guide 2024-2025 explains that self-monitoring is critical in structured, sequential tasks requiring planning, organization, and error correction, such as those found in math and writing.

Option B (Math and writing) is correct. Math requires self-monitoring to check calculations and follow multi-step processes, while writing involves planning, drafting, and revising, all of which demand self-regulation.

The PRA study guide highlights these subjects as prime examples where executive functioning deficits are evident and can be supported.

OptionA(Art and music) is incorrect because, while creative, these subjects rely more on expression than structured self-monitoring. The PRA framework notes they engage different cognitive processes.

OptionC(History and literature) is incorrect because these subjects focus on comprehension and analysis, with less emphasis on sequential self-monitoring compared to math and writing.

OptionD(Science and technology) is partially correct, as science involves some self-monitoring (e.g., experiments), but it is less consistent than math and writing. The PRA study guide prioritizes math and writing for executive functioning.

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Psychiatric Rehabilitation Association,CFRP Study Guide 2024-2025, Section on Supporting Health and Wellness: Executive Functioning.

PRA Certification Candidate Handbook, Competency Domain 7: Supporting Health and Wellness.

PRA Code of Ethics, Principle 6: Promoting Skill Development.

NEW QUESTION # 52

A practitioner is working with a child who is being bullied at school. How can the practitioner promote resiliency?

- A. Encourage the child to avoid the bully and make new friends.
- B. Encourage the child to take a self-defense class and confront the bully.
- C. Reframe the child's experience and encourage a positive self-view.
- D. Revisit the experience and have the child explain the details.

Answer: C

Explanation:

Promoting resiliency is a key focus of theStrategies for Facilitating Recoverydomain, which emphasizes strengths-based interventions to help children overcome adversity. ThePRA CFRP Study Guide 2024-2025 defines resiliency as the ability to adapt and thrive despite challenges, such as bullying. Practitioners should use interventions that empower the child, reinforce self-worth, and reframe negative experiences to foster a positive self-concept.

OptionB(Reframe the child's experience and encourage a positive self-view) is correct. The PRA guidelines advocate for cognitive reframing, where the practitioner helps the child view the bullyingexperience as a challenge they can overcome, rather than a reflection of their worth. Encouraging a positive self-view aligns with strengths-based practices, such as affirming the child's strengths and building self-esteem.

OptionA(Encourage the child to take a self-defense class and confront the bully) is incorrect because confrontation may escalate the situation and is not a trauma-informed or resiliency-focused approach. The PRA Code of Ethics emphasizes non-violent, collaborative solutions.

OptionC(Revisit the experience and have the child explain the details) is incorrect because repeatedly recounting traumatic events without therapeutic processing can re-traumatize the child. The PRA study guide advises against dwelling on negative details without a strengths-based focus.

OptionD(Encourage the child to avoid the bully and make new friends) is incorrect because avoidance does not address the child's emotional needs or build resiliency. While making new friends is positive, it does not tackle the underlying impact of bullying, which the PRA framework prioritizes.

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Psychiatric Rehabilitation Association,CFRP Study Guide 2024-2025, Section on Strategies for Facilitating Recovery: Resiliency and Strengths-Based Practice.

PRA Certification Candidate Handbook, Competency Domain 5: Strategies for Facilitating Recovery.

PRA Code of Ethics, Principle 4: Strengths-Based Interventions.

NEW QUESTION # 53

Community-based programs are especially beneficial for transition-age youth because they provide

- A. stress-free environment for socialization without adult interference.
- B. jobs for youth once they become adults and are ready for work.
- C. support, structure, and models for positive social norms.
- D. help with homework in subjects that parents do not understand.

Answer: C

Explanation:

In the CFRP framework, transition-age youth services emphasize the role of community-based programs in supporting youth development. These programs are especially beneficial because they provide support, structure, and models for positive social norms, helping youth navigate the transition to adulthood. The CFRP study guide states, "Community-based programs benefit transition-age youth by offering support, structure, and exposure to positive social norms, fostering resilience and social integration." Providing jobs (option B) may be a secondary outcome but is not the primary benefit. Homework help (option C) is too narrow, and a stress-free environment without adults (option D) is unrealistic and not aligned with program goals.

* CFRP Study Guide (Section on Transition-Age Youth Services): "Community-based programs are vital for transition-age youth, providing support, structure, and models for positive social norms to aid their transition to adulthood." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Transition-Age Youth Services, Community-Based Support.

Psychiatric Rehabilitation Association (PRA) Guidelines on Youth Community Integration.

NEW QUESTION # 54

When using the collaborative approach to family recovery and resiliency, the practitioner would focus on the

- A. barriers to change.
- **B. solution.**
- C. problem.
- D. motivation to change.

Answer: B

Explanation:

The collaborative approach in the CFRP framework, under strategies for facilitating recovery, emphasizes working with families to identify and pursue solutions, aligning with strengths-based and family-driven principles. The practitioner focuses on the solution to empower families toward resiliency. The CFRP study guide explains, "In a collaborative approach to family recovery and resiliency, practitioners focus on solutions, partnering with families to build on strengths and achieve goals." Motivation (option A) and barriers (option B) are considered but not the primary focus. Emphasizing the problem (option C) is deficit-based, contrary to the approach.

* CFRP Study Guide (Section on Strategies for Facilitating Recovery): "The collaborative approach to family recovery focuses on solutions, empowering families to leverage strengths for resiliency." References:

CFRP Study Guide, Section on Strategies for Facilitating Recovery, Collaborative Approach.

Psychiatric Rehabilitation Association (PRA) Guidelines on Strengths-Based Recovery.

NEW QUESTION # 55

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