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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q47-Q52):

NEW QUESTION # 47

Which of the following sequence of events is considered best practice during a practitioner's initial meeting with a child and family?

- A. Assessment, planning, and goal setting
- B. Completing forms, interviewing, and observation
- **C. Orientation, rapport building, and information gathering**
- D. Goal setting, review, and skills training

Answer: C

Explanation:

This question pertains to the Assessment, Planning, and Outcomes domain, which outlines best practices for initiating services with children and families. According to the PRA CFRP Study Guide 2024-2025, the initial meeting is critical for establishing trust and setting the foundation for effective psychiatric rehabilitation. Best practice prioritizes building a therapeutic relationship before engaging in formal assessment or planning.

Option D (Orientation, rapport building, and information gathering) is correct. The PRA guidelines specify that the initial meeting should focus on orienting the family to the practitioner's role, building rapport to foster trust, and gathering preliminary information about the child's and family's needs. This sequence aligns with trauma-informed and family-centered principles, ensuring the family feels heard and respected before delving into structured processes like assessment or goal setting.

Option A (Assessment, planning, and goal setting) is incorrect because conducting a formal assessment or setting goals in the first meeting can overwhelm families and hinder rapport. The PRA study guide advises delaying these steps until trust is established.

Option B (Completing forms, interviewing, and observation) is incorrect because prioritizing administrative tasks like form completion in the initial meeting can alienate families. The PRA framework emphasizes relationship-building over paperwork in the first encounter.

Option C (Goal setting, review, and skills training) is incorrect because these activities are premature for an initial meeting. The PRA training materials note that skills training and goal setting require a foundation of trust and a thorough understanding of the family's needs, which are developed after the first meeting.

References:

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

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

PRA Code of Ethics, Principle 1: Building Therapeutic Relationships.

NEW QUESTION # 48

Comparing cell phone rate plans is a skill training exercise for transition-age youth to

- A. foster improved communications.
- **B. learn money management.**
- C. develop cognitive flexibility.
- D. practice pro-employment tasks.

Answer: B

Explanation:

For transition-age youth, the CFRP framework under Transition-Age Youth Services emphasizes practical skill-building for independence. Comparing cell phone rate plans is a skill training exercise that teaches money management by encouraging budgeting and cost-benefit analysis. The CFRP study guide explains,

"Activities like comparing cell phone rate plans help transition-age youth learn money management skills, fostering financial literacy and independence." Improved communications (option B) or cognitive flexibility (option C) may be secondary benefits but are not the primary focus. Pro-employment tasks (option D) are related but less specific than money management in this context.

* CFRP Study Guide (Section on Transition-Age Youth Services): "Comparing cell phone rate plans is an effective skill training exercise for transition-age youth to learn money management, promoting financial independence." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Transition-Age Youth Services, Life Skills Training.

Psychiatric Rehabilitation Association (PRA) Guidelines on Transition-Age Youth Independence.

NEW QUESTION # 49

For a child whose goal is to make more friends, joining Girl Scouts would be an example of

- A. Facilitating collaboration.
- B. Practicing interventions.
- **C. Promoting individual choice.**
- D. Maintaining personal wellness.

Answer: C

Explanation:

The Community Integration domain emphasizes connecting children with community resources and activities to support social inclusion and personal goals. According to the PRA CFRP Study Guide 2024-2025, promoting individual choice involves empowering children to select activities that align with their interests and goals, such as joining a group like Girl Scouts to foster social connections.

Option A (Promoting individual choice) is correct because joining Girl Scouts reflects the child's agency in choosing a community-based activity to achieve their goal of making friends. The PRA framework highlights that practitioners should support children in making self-directed choices to enhance engagement and ownership.

Option B (Facilitating collaboration) is incorrect because collaboration refers to coordinating with other providers or stakeholders, not the act of joining a group. The PRA study guide distinguishes collaboration as a systems-level activity.

Option C (Practicing interventions) is incorrect because joining Girl Scouts is a community-based activity, not a clinical intervention. The PRA framework categorizes interventions as targeted therapeutic strategies.

Option D (Maintaining personal wellness) is incorrect because, while social connections support wellness, the primary focus of joining Girl Scouts in this context is social integration, not wellness maintenance per the PRA guidelines.

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Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Community Integration:

Empowering Choice.

PRA Certification Candidate Handbook, Competency Domain 3: Community Integration.

PRA Code of Ethics, Principle 3: Respect for Autonomy.

NEW QUESTION # 50

Transition-age youth with serious mental illnesses are more likely than their typical peers to

- A. become involved in abusive relationships and self-harm
- B. engage in cyberbullying and drop out of school
- C. abuse drugs and alcohol and become homeless.
- **D. be involved in the legal system and attempt suicide.**

Answer: D

Explanation:

In the CFRP framework, transition-age youth services address the heightened risks faced by youth with serious mental illnesses. These youth are more likely than their typical peers to be involved in the legal system (e.g., due to behavioral issues) and attempt suicide (due to mental health challenges). The CFRP study guide states, "Transition-age youth with serious mental illnesses face increased risks of legal system involvement and suicide attempts compared to their peers, necessitating targeted interventions." While drug abuse and homelessness (option A), cyberbullying and dropout (option B), and abusive relationships and self-harm (option C) are risks, legal system involvement and suicide attempts are more consistently documented as prevalent outcomes.

* CFRP Study Guide (Section on Transition-Age Youth Services): "Compared to their typical peers, transition-age youth with serious mental illnesses are more likely to be involved in the legal system and attempt suicide, requiring specialized support."

References:

CFRP Study Guide, Section on Transition-Age Youth Services, Risk Factors.

Psychiatric Rehabilitation Association (PRA) Guidelines on Transition-Age Youth Mental Health.

NEW QUESTION # 51

Trauma-informed care requires that a practitioner will FIRST

- A. set limits and consequences to teach self-regulation.
- B. teach parents how to de-escalate negative behaviors.
- C. provide case management services to ensure treatment.

- D. develop a trusting relationship with the child.

Answer: D

Explanation:

Trauma-informed care, a critical component of supporting health and wellness in the CFRP framework, prioritizes creating a safe and supportive environment for children who have experienced trauma. The first step in this approach is developing a trusting relationship with the child, as trust is foundational to effective intervention and healing. The CFRP study guide emphasizes, "In trauma-informed care, practitioners must first establish a trusting relationship with the child to create a safe space for recovery and engagement." Setting limits and consequences (option A) or teaching parents de-escalation techniques (option D) may be subsequent steps but are not the initial focus. Providing case management services (option C) supports access to resources but is secondary to building trust.

* CFRP Study Guide (Section on Supporting Health and Wellness): "The first step in trauma-informed care is developing a trusting relationship with the child, ensuring a safe and supportive environment for recovery." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Trauma-Informed Care.

Psychiatric Rehabilitation Association (PRA) Guidelines on Trauma-Informed Practices.

NEW QUESTION # 52

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