

# CFRP Free Exam Dumps - Valid CFRP Exam Tips

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## 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 (Q22-Q27):

### NEW QUESTION # 22

To nurture resilience in children, practitioners must

- A. emphasize performance over learning.
- **B. emphasize that mistakes are opportunities for growth.**
- C. avoid using humor to minimize disappointment.
- D. teach the development realistic goals.

**Answer: B**

Explanation:

Fostering resilience is a core strategy for facilitating recovery in the CFRP framework. Practitioners nurture resilience in children by emphasizing that mistakes are opportunities for growth, which encourages a growth mindset and perseverance. The CFRP study guide states, "To nurture resilience, practitioners should emphasize that mistakes are opportunities for growth, helping children develop a positive approach to challenges." Emphasizing performance (option A) can increase pressure and hinder resilience. Teaching realistic goals (option C) is important but less directly tied to resilience. Avoiding humor (option D) is not a resilience strategy and may limit emotional connection.

\* CFRP Study Guide (Section on Strategies for Facilitating Recovery): "Nurturing resilience in children involves emphasizing that mistakes are opportunities for growth, fostering a growth mindset and adaptability." References: CFRP Study Guide, Section on Strategies for Facilitating Recovery, Resilience Building. Psychiatric Rehabilitation Association (PRA) Guidelines on Strengths-Based Resilience.

### NEW QUESTION # 23

A child's mother expressed concern that between her home, the child's father's home, and school, there are too many competing behavioral expectations. What is the BEST course of action for the practitioner to take?

- A. Explain services are limited to the behavioral concerns and goals at the mother's home.
- B. Require weekly meetings with both parents to review concerns and goals in each home.
- **C. Convene a team meeting with both parents at the school to identify concerns and goals.**
- D. Inform the mother that agency policy prohibits interference with school concerns and goals.

**Answer: C**

Explanation:

The CFRP framework emphasizes collaborative and family-driven planning within the domain of Assessment, Planning, and Outcomes. When a mother raises concerns about competing behavioral expectations across different environments (her home, the father's home, and school), the best course of action is to convene a team meeting with both parents and school officials to identify concerns and align goals. This approach fosters consistency and collaboration across settings. The CFRP study guide notes, "To address competing behavioral expectations across home and school environments, practitioners should convene a team meeting with parents and school representatives to collaboratively identify concerns and establish consistent goals." Requiring weekly meetings (option A) may be excessive without first establishing a unified plan. Limiting services to the mother's home (option D) or citing agency policy (option C) disregards the need for systemic collaboration.

\* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "When competing behavioral expectations arise across home and school settings, the practitioner should convene a team meeting with parents and school officials to align concerns and goals for consistency." References:

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

Psychiatric Rehabilitation Association (PRA) Guidelines on Family and School Collaboration.

### NEW QUESTION # 24

The approach that involves collaboration across agencies at the direction of families and transition-age youth is

- A. systems of care.
- B. community coordination network.
- C. recovery support systems.
- D. continuity of care.

**Answer: A**

Explanation:

Systems competencies in the CFRP framework include understanding coordinated service models. The systems of care approach involves collaboration across agencies, directed by families and transition-age youth, to provide individualized, community-based support. The CFRP study guide states, "The systems of care approach is characterized by collaboration across agencies, guided by the preferences and needs of families and transition-age youth, to deliver comprehensive services." Community coordination network (option B) is not a standard term. Continuity of care (option C) focuses on service consistency, not agency collaboration. Recovery support systems (option D) are broader and less specific to family-directed collaboration.

\* CFRP Study Guide (Section on Systems Competencies): "Systems of care involve collaboration across agencies at the direction of families and transition-age youth, ensuring individualized and community-based support." References:

CFRP Study Guide, Section on Systems Competencies, Systems of Care.

Psychiatric Rehabilitation Association (PRA) Guidelines on Coordinated Service Models.

### NEW QUESTION # 25

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

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

**Answer: D**

Explanation:

Promoting resiliency is a key focus of the Strategies for Facilitating Recovery domain, which emphasizes strengths-based interventions to help children overcome adversity. The PRA 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.

Option B (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 bullying experience 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.

Option A (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.

Option C (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.

Option D (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 # 26

At what age does a typical child progress from concrete to formal operational thinking?

- A. Age 15-16
- B. Age 11-12
- C. Age 9-10

- D. Age 13-14

**Answer: B**

Explanation:

Supporting health and wellness in the CFRP framework includes understanding developmental milestones, such as cognitive development stages outlined by Piaget. A typical child progresses from concrete operational thinking (focused on tangible, observable events) to formal operational thinking (involving abstract reasoning and hypothetical thinking) around age 11-12. The CFRP study guide notes, "According to Piaget's theory, the transition from concrete to formal operational thinking typically occurs around ages 11 to 12, enabling abstract and hypothetical reasoning." Ages 9-10 (option A) are generally within the concrete stage, while ages 13-14 (option C) and 15-16 (option D) are typically after the transition.

\* CFRP Study Guide (Section on Supporting Health and Wellness): "The shift from concrete to formal operational thinking, as per Piaget, typically begins around ages 11-12, marking the onset of abstract reasoning capabilities." References:

CFRP Study Guide, Section on Supporting Health and Wellness, Cognitive Development.

Psychiatric Rehabilitation Association (PRA) Guidelines on Developmental Psychology.

## NEW QUESTION # 27

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