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Community Resiliency Model®
FAMILY RESILIENCY PROGRAM (CFRP)
Webinar Series

Brief Description:
The Community Resiliency Model (CRM)® Family Resiliency Program (CFRP) webinar series is a four-module online parenting program which will help you learn the skills of the Community Resiliency Model®. CFRP is designed to share simple tools you can learn to help yourself and your child during times of stress.

Please select the following link to gain access to a private Dropbox folder:

Dropbox includes:

- Link to the recorded videos of all four webinars (approximately 2 hours each)
- Activity Booklets corresponding to each learning module.
- PDF version of the PowerPoint slides for each learning module.

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Interested in more resources from the webinar series? The CFRP Toolbox is also available for purchase. It includes additional material including scripts for introducing the Community Resiliency Model (CRM)® to children and additional exercises designed to help caregivers and children manage stress. [CLICK HERE](#) to learn more.

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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q73-Q78):

NEW QUESTION # 73

What is the service MOST commonly used to describe connecting a child to community resources?

- A. Crisis intervention
- B. Peer support
- C. Treatment planning
- D. Case management

Answer: D

Explanation:

Connecting children and families to community resources is a core component of community integration within the CFRP framework. The service most commonly associated with this activity is case management, which involves coordinating and linking families to community-based supports such as educational programs, recreational activities, or social services. The CFRP study guide defines case management as "the process of assessing needs, identifying appropriate community resources, and facilitating connections to support child and family resilience." Crisis intervention (option B) focuses on immediate stabilization, not resource connection. Peer support (option C) involves emotional or social support from peers, not resource coordination. Treatment planning (option D) focuses on developing therapeutic goals, not community resource linkage.

* CFRP Study Guide (Section on Community Integration): "Case management is the primary service used to connect children and families to community resources, ensuring access to supports that promote resilience and recovery." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Community Integration, Case Management. Psychiatric Rehabilitation Association (PRA) Guidelines on Community-Based Services.

NEW QUESTION # 74

A child and his family are preparing to make an active change in their health and wellness. How would the practitioner proceed?

- A. Examine their readiness to make changes.
- B. Assess their strengths and weaknesses.
- C. Demonstrate empathy and understanding.
- D. Assist them in developing goal statements and plans.

Answer: A

Explanation:

In the CFRP framework, assessment, planning, and outcomes involve a structured approach to support families in achieving health and wellness goals. When a child and family are preparing to make active changes, the practitioner's first step is to examine their readiness to make changes, using frameworks like the Stages of Change model to ensure commitment and feasibility. The CFRP study guide states, "Before initiating health and wellness changes, practitioners must examine the child and family's readiness to make changes to ensure effective planning and engagement." Demonstrating empathy (option B), developing goals (option C), or assessing strengths (option D) are important but follow the initial assessment of readiness.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "When a child and family are preparing for health and wellness changes, the practitioner's first step is to examine their readiness to make changes, ensuring alignment with their motivation and capacity." References:

CFRP Study Guide, Section on Assessment, Planning, and Outcomes, Change Readiness. Psychiatric Rehabilitation Association (PRA) Guidelines on Family-Centered Planning.

NEW QUESTION # 75

Empathy is

- A. feeling pity or sorrow for someone's misfortune.

- B. being concerned with the well-being of another.
- C. sharing a similar experience with someone else.
- **D. understanding a person on a cognitive and emotional level.**

Answer: D

Explanation:

Interpersonal competencies in the CFRP framework highlight empathy as a key skill for building therapeutic relationships. Empathy is defined as understanding a person on both a cognitive (intellectual comprehension) and emotional (feeling with) level, enabling deep connection. The CFRP study guide states, "Empathy involves understanding a person on a cognitive and emotional level, fostering trust and validation in interactions." Feeling pity (option A) describes sympathy, not empathy. Sharing experiences (option C) is not required for empathy, and concern for well-being (option D) is too broad.

* CFRP Study Guide (Section on Interpersonal Competencies): "Empathy is the ability to understand a person on both cognitive and emotional levels, creating a foundation for trustful relationships." References:

CFRP Study Guide, Section on Interpersonal Competencies, Empathy in Practice.
Psychiatric Rehabilitation Association (PRA) Guidelines on Therapeutic Communication.

NEW QUESTION # 76

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. Math and writing**
- C. History and literature
- D. Science and technology

Answer: B

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.

Option A (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.

Option C (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.

Option D (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.

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 # 77

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

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

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 # 78

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