

Pass Guaranteed 2026 CFRP: The Best Certified Child and Family Resiliency Practitioner (CFRP) Test Sample Questions

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 (Q88-Q93):

NEW QUESTION # 88

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

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

Answer: C

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 # 89

SMART goals stands for:

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

Answer: D

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

Option B (Specific, 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 # 90

Wraparound for children and youth is a

- A. community-based, individualized service that focuses on the strengths and needs of the child and family.
- B. self-designed intervention and wellness tool for the child and family.
- C. community-based, collaborative service that focuses on preventing hospitalization and suicide risk.
- D. collaborative plan designed by a clinician, teacher, and case manager.

Answer: A

Explanation:

In the CFRP framework, Wraparound is a key approach within assessment, planning, and outcomes, designed to support children and families holistically. Wraparound is a community-based, individualized service that focuses on the strengths and needs of the child and family, involving tailored plans and community resources.

The CFRP study guide states, "Wraparound is a community-based, individualized service that builds on the strengths and addresses the needs of the child and family to promote resilience and recovery." It is not self-designed (option A), as it involves professional facilitation. It is not limited to clinicians, teachers, and case managers (option C) or focused solely on preventing hospitalization and suicide (option D), but rather encompasses broader family-driven goals.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "Wraparound is a community-based, individualized service that focuses on the strengths and needs of the child and family, fostering resilience through collaborative, tailored planning."

References:

CFRP Study Guide, Section on Assessment, Planning, and Outcomes, Wraparound Services.

Psychiatric Rehabilitation Association (PRA) Guidelines on Family-Centered Wraparound.

NEW QUESTION # 91

Once regarded as the primary cause of a child's challenges, who are now seen as key collaborators in the development of the child's resilience?

- A. Clergy
- B. Teachers
- C. Parents
- D. Doctors

Answer: C

Explanation:

The CFRP framework emphasizes the shift in perspective from viewing parents as the cause of a child's challenges to recognizing them as key collaborators in fostering resilience. This aligns with the family-driven approach central to interpersonal competencies, which prioritizes partnership with parents to support child recovery. The CFRP study guide states, "Historically, parents were often blamed for their child's challenges, but current practice recognizes parents as essential collaborators in building resilience and promoting recovery." Clergy (option B), teachers (option C), and doctors (option D) may play supportive roles, but parents are uniquely positioned as primary caregivers and partners in the child's daily life and recovery process.

* CFRP Study Guide (Section on Interpersonal Competencies): "Parents, once seen as the primary cause of a child's challenges, are now valued as key collaborators in developing resilience and supporting recovery through family-driven practices." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Interpersonal Competencies, Family-Driven Care.

Psychiatric Rehabilitation Association (PRA) Guidelines on Family Collaboration.

NEW QUESTION # 92

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. Refer the child to an anger management class.
- D. Call the authorities to remove the child from the family home.

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 # 93

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