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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q82-Q87):

NEW QUESTION # 82

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

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

Answer: B

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 # 83

Best practice involves service plans that contain goals that are:

- A. Reviewed on a consistent basis.
- B. Constant and measurable.
- C. Developed by the practitioner.
- D. General and applicable to a variety of behaviors.

Answer: A

Explanation:

The Assessment, Planning, and Outcomes domain emphasizes dynamic, collaborative service planning. The PRA CFRP Study Guide 2024-2025 states that best practice requires service plan goals to be regularly reviewed and updated to reflect the child's progress and changing needs, ensuring relevance and effectiveness.

Option A (Reviewed on a consistent basis) is correct because the PRA framework mandates ongoing evaluation of goals to adapt to the child's development and circumstances, typically through regular meetings with the family.

Option B (Constant and measurable) is incorrect because goals should not remain constant; they must evolve.

While measurability is important, it is not the focus of this question.

Option C (Developed by the practitioner) is incorrect because goals must be co-developed with the family, per the PRA's family-centered approach.

Option D (General and applicable to a variety of behaviors) is incorrect because goals should be specific (e.g., SMART goals), not vague or broadly applicable.

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Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Assessment, Planning, and Outcomes: Service Plan Review.

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

PRA Code of Ethics, Principle 2: Family-Centered Practice.

NEW QUESTION # 84

A caregiver is requesting a decrease in service hours. What is the practitioner's FIRST course of action?

- A. Encourage the caregiver to continue with the current service plan.
- B. Consult with a colleague about how to proceed with the caregiver.
- C. Discuss with the caregiver the reason for the request.
- D. Seek supervision about the caregiver's resistance to service.

Answer: C

Explanation:

In the CFRP framework, person-centered and family-driven planning is critical within the domain of Assessment, Planning, and Outcomes. When a caregiver requests a change, such as a decrease in service hours, the practitioner's first step is to engage in open communication to understand the caregiver's perspective and reasons for the request. The CFRP study guide emphasizes that "practitioners should initiate discussions with caregivers to explore their needs, preferences, and concerns to ensure services align with family goals." Encouraging continuation of the current plan (option A) without discussion disregards family-driven principles. Seeking supervision (option C) or consulting a colleague (option D) may be appropriate later, but these are not the first steps, as they bypass direct engagement with the caregiver.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "When caregivers request changes to service plans, the practitioner's first action is to discuss the reasons for the request, ensuring that services remain family-driven and aligned with their

needs." References:

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

Psychiatric Rehabilitation Association (PRA) Guidelines on Person-Centered Planning.

NEW QUESTION # 85

Transition-age youth are able to gain psychosocial protective factors as well as neurophysiological buffering through which of the following?

- A. Caregiving for younger siblings
- B. Involvement in the child protective system
- C. Consistent relationships with caring individuals
- D. Connection to a peer network

Answer: C

Explanation:

In the CFRP framework, transition-age youth services focus on fostering protective factors to support mental health and resilience. Consistent relationships with caring individuals, such as mentors or supportive adults, provide psychosocial protective factors (e.g., emotional support) and neurophysiological buffering (e.g., reducing stress responses). The CFRP study guide states, "Transition-age youth gain psychosocial protective factors and neurophysiological buffering through consistent relationships with caring individuals, which mitigate stress and enhance resilience." Caregiving for siblings (option B) may build responsibility but is less directly linked to neurophysiological benefits. Involvement in child protective services (option C) is often a risk factor, not a protective one. Peer networks (option D) are supportive but less impactful than adult relationships.

* CFRP Study Guide (Section on Transition-Age Youth Services): "Consistent relationships with caring individuals provide transition-age youth with psychosocial protective factors and neurophysiological buffering, reducing stress and promoting resilience."

References:

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

Psychiatric Rehabilitation Association (PRA) Guidelines on Youth Resilience.

NEW QUESTION # 86

When nurturing problem-solving abilities in children with autism spectrum disorders, it is important to

- A. engage them in thinking about possible solutions.
- B. provide unconditional support of their decisions.
- C. offer them frequent reminders about what to do.
- D. define the possible consequences of their actions.

Answer: A

Explanation:

Supporting health and wellness for children with autism spectrum disorders (ASD) involves fostering skills like problem-solving in a way that respects their unique needs. Engaging children with ASD in thinking about possible solutions encourages critical thinking and autonomy, which are essential for developing problem-solving abilities. The CFRP study guide emphasizes, "To nurture problem-solving in children with autism spectrum disorders, practitioners should engage them in thinking about possible solutions, promoting independence and cognitive flexibility." Unconditional support of decisions (option A) may undermine learning by not addressing consequences. Defining consequences (option B) is a secondary step after solution exploration. Frequent reminders (option D) may reduce independence and are less effective for building problem-solving skills.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Nurturing problem-solving in children with autism spectrum disorders involves engaging them in thinking about possible solutions to foster independence and cognitive growth." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, ASD Interventions.

Psychiatric Rehabilitation Association (PRA) Guidelines on Neurodevelopmental Support.

NEW QUESTION # 87

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