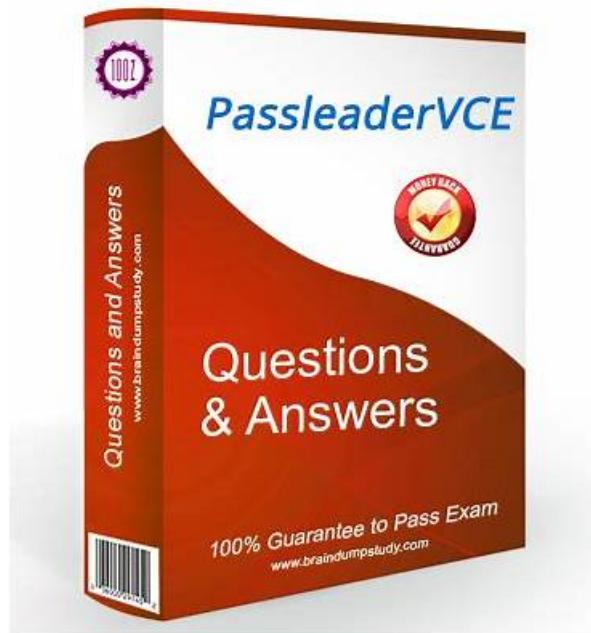


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## **Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q13-Q18):**

### NEW QUESTION # 13

Defining the limits of exchanging information with persons outside of the treatment team is an example of

- A. self-determination.
- B. informed consent.
- C. shared decision-making.
- D. protecting confidentiality.

**Answer: D**

Explanation:

Professional role competencies in the CFRP framework include adhering to ethical standards, such as protecting confidentiality. Defining the limits of exchanging information with persons outside the treatment team is a clear example of protecting confidentiality, ensuring client privacy and trust. The CFRP study guide states, "Protecting confidentiality involves defining the limits of information exchange with individuals outside the treatment team to maintain client trust and ethical practice." Self-determination (option A) relates to client autonomy, shared decision-making (option B) involves collaborative choices, and informed consent (option C) pertains to agreeing to treatment, none of which directly address information limits.

\* CFRP Study Guide (Section on Professional Role Competencies): "Defining the limits of exchanging information with persons outside the treatment team is a key aspect of protecting confidentiality, ensuring ethical and trustworthy practice." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Professional Role Competencies, Ethical Practice.

Psychiatric Rehabilitation Association (PRA) Guidelines on Confidentiality.

### NEW QUESTION # 14

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 # 15

Practitioners play a critical role as members of a treatment team. This role includes

- A. providing subjective assessment of medication side-effects.
- B. managing medication to ensure compliance.
- C. recommending discontinuation of medications.
- D. supporting family communication about medication concerns.

**Answer: D**

Explanation:

In the CFRP framework, professional role competencies emphasize the practitioner's role within a treatment team, which includes facilitating family-driven care. Practitioners support family communication about medication concerns, helping families express questions and preferences to medical professionals. The CFRP study guide states, "As treatment team members, practitioners play a critical role in supporting family communication about medication concerns, ensuring families are informed and engaged." Managing medication (option B) or recommending discontinuation (option D) falls to medical professionals, not CFRP practitioners. Providing subjective assessments of side-effects (option C) is not a primary role, as this requires clinical expertise beyond the practitioner's scope.

\* CFRP Study Guide (Section on Professional Role Competencies): "Practitioners contribute to treatment teams by supporting family communication about medication concerns, fostering informed decision-making." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Professional Role Competencies, Treatment Team Roles.

Psychiatric Rehabilitation Association (PRA) Guidelines on Collaborative Care.

**NEW QUESTION # 16**

Resilience conveys three very important characteristics in the lives of children with autism spectrum disorders. These include a sense of

- A. gratitude, unique identity, and agility.
- B. optimism, ownership, and personal control.
- C. discipline, independence, and personal identity.
- D. control, mastery, and understanding.

**Answer: D**

Explanation:

For children with autism spectrum disorders (ASD), resilience is critical to supporting health and wellness.

The CFRP framework identifies control, mastery, and understanding as three key characteristics of resilience in this population, as they empower children to navigate challenges and build confidence. The CFRP study guide explains, "Resilience in children with autism spectrum disorders is characterized by a sense of control, mastery, and understanding, which support their ability to adapt and thrive." Gratitude, unique identity, and agility (option B) are positive traits but not specifically tied to ASD resilience. Discipline, independence, and personal identity (option C) and optimism, ownership, and personal control (option D) are relevant but less precise than control, mastery, and understanding.

\* CFRP Study Guide (Section on Supporting Health and Wellness): "In children with autism spectrum disorders, resilience is defined by a sense of control, mastery, and understanding, enabling them to navigate challenges effectively." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Resilience in ASD.

Psychiatric Rehabilitation Association (PRA) Guidelines on Neurodevelopmental Disorders.

**NEW QUESTION # 17**

Which of the following interventions would be the MOST appropriate to help a family access needed services?

- A. Provide the family with a prepared plan to ensure they receive the services they need.
- B. Work with the family to identify barriers to service utilization.
- C. Encourage the family to find support services on their own to foster independence.
- D. Enroll the family in services based on needs identified by the practitioner.

**Answer: B**

Explanation:

The Systems Competencies domain focuses on collaborating with families to navigate and access community resources effectively. The PRA CFRP Study Guide 2024-2025 emphasizes family-centered practice, where practitioners partner with families to identify

barriers (e.g., transportation, stigma, or lack of information) and develop tailored solutions to access services. This approach empowers families and ensures services align with their needs.

OptionB(Work with the family to identify barriers to service utilization) is correct. The PRA guidelines highlight that identifying barriers collaboratively respects family autonomy and builds trust. This intervention enables the practitioner to address specific obstacles, such as logistical issues or mistrust, ensuring sustainable access to services.

OptionA(Provide the family with a prepared plan to ensure they receive the services they need) is incorrect because a practitioner-imposed plan disregards family input, violating the PRA's family-centered principles.

OptionC(Enroll the family in services based on needs identified by the practitioner) is incorrect because unilateral enrollment bypasses family collaboration. The PRA Code of Ethics requires involving families in decision-making.

OptionD(Encourage the family to find support services on their own to foster independence) is incorrect because it places undue burden on the family, especially if barriers like lack of knowledge or resources exist.

The PRA framework emphasizes guided support over unsupported independence.

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Psychiatric Rehabilitation Association,CFRP Study Guide 2024-2025, Section on Systems Competencies:  
Accessing Community Resources.

PRA Certification Candidate Handbook, Competency Domain 6: Systems Competencies.

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

## NEW QUESTION # 18

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