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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.

Please note:
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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 (Q66-Q71):

NEW QUESTION # 66

Gender studies show that negative and irritable temperament in infants and toddlers are predictors of increased risks of what in adolescent boys?

- A. **Oppositional behaviors**
- B. Abusive behaviors
- C. Illegal behaviors
- D. Psychotic behaviors

Answer: A

Explanation:

The CFRP framework includes understanding developmental risk factors to support health and wellness.

Gender studies cited in the CFRP study guide indicate that negative and irritable temperament in infants and toddlers is a predictor of oppositional behaviors in adolescent boys, such as defiance and aggression, which are characteristic of conditions like Oppositional Defiant Disorder (ODD). The guide states, "Negative and irritable temperament in early childhood is a risk factor for oppositional behaviors in adolescent boys, often manifesting as defiance or conflict with authority." Psychotic behaviors (option A) are linked to severe mental illnesses, not temperament. Illegal (option C) and abusive behaviors (option D) may occur later but are not directly predicted by early temperament as strongly as oppositional behaviors.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Gender studies highlight that negative and irritable temperament in infants and toddlers predicts increased risk of oppositional behaviors in adolescent boys, such as defiance and aggression."

References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Developmental Risk Factors.

Psychiatric Rehabilitation Association (PRA) Guidelines on Child and Adolescent Mental Health.

NEW QUESTION # 67

According to the Adverse Childhood Experience (ACE) Study, adverse childhood experiences can BEST be reversed by

- A. ongoing therapeutic interventions.
- B. a biological family member.
- C. **a consistent nurturing person.**
- D. residential treatment programs.

Answer: C

Explanation:

In the CFRP framework, supporting health and wellness includes addressing the impacts of adverse childhood experiences (ACEs) as identified in the ACE Study. The study emphasizes that the presence of a consistent nurturing person, such as a supportive caregiver or mentor, is the most effective way to mitigate the long-term effects of ACEs by fostering resilience and emotional security. The CFRP study guide states, "According to the ACE Study, the effects of adverse childhood experiences are best reversed by a consistent nurturing person who provides emotional support and stability." A biological family member (option B) is not necessarily required, as the key is nurturing support. Residential treatment (option C) and ongoing therapy (option D) may help but are less impactful than a nurturing relationship.

* CFRP Study Guide (Section on Supporting Health and Wellness): "The ACE Study highlights that a consistent nurturing person is the most effective means to reverse the impacts of adverse childhood experiences, promoting resilience through stable support."

References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Adverse Childhood Experiences.

Psychiatric Rehabilitation Association (PRA) Guidelines on Trauma Recovery.

NEW QUESTION # 68

SMART goals stands for:

- A. Specific, Measurable, Accurate, Realistic, Time Bound

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

Answer: C

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

Option B (Simple, 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 # 69

Which of the following is a protective factor that facilitates the occurrence of positive outcomes?

- **A. Developmental assets**
- B. Financial means
- C. Peer group connection
- D. Extended family

Answer: A

Explanation:

Supporting health and wellness in the CFRP framework involves identifying protective factors that promote resilience and positive outcomes. Developmental assets, such as skills, relationships, and opportunities that foster growth, are recognized as key protective factors that facilitate positive outcomes in children and youth.

The CFRP study guide explains, "Developmental assets, including personal strengths, supportive relationships, and community opportunities, are protective factors that significantly enhance the likelihood of positive outcomes." While financial means (option B), extended family (option C), and peer group connections (option D) can contribute, developmental assets are the most comprehensive and widely recognized protective factor.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Developmental assets are critical protective factors that facilitate positive outcomes by building resilience through skills, relationships, and opportunities." References:

CFRP Study Guide, Section on Supporting Health and Wellness, Protective Factors.

Psychiatric Rehabilitation Association (PRA) Guidelines on Resilience and Positive Development.

NEW QUESTION # 70

A family is refusing to work with a practitioner, stating they already have too many service providers. They do not want another new person working with their child. What is the BEST course of action for the practitioner to take?

- A. Encourage the family to work with the practitioner for at least one month.
- **B. Coordinate a meeting with the family and all of the service providers.**
- C. Accept the family's decision and move on to the next referral.
- D. Call the other service providers and request they close services with the family.

Answer: B

Explanation:

This question falls under the Systems Competencies domain, which focuses on collaboration with families, service providers, and community systems to support the child's recovery. The PRA CFRP Study Guide 2024-2025 emphasizes that practitioners must prioritize family-centered care and coordinate services to reduce fragmentation and overwhelm, especially when families feel burdened by multiple providers.

Option C (Coordinate a meeting with the family and all of the service providers) is the best course of action.

The PRA guidelines highlight that when a family resists additional services due to provider overload, the practitioner should facilitate collaboration among existing providers to streamline care. Coordinating a meeting allows the practitioner to clarify roles, align goals, and address the family's concerns, fostering trust and reducing redundancy. This approach aligns with the PRA's emphasis on systems integration and family empowerment.

Option A (Accept the family's decision and move on to the next referral) is incorrect because it dismisses the family's needs without exploring solutions. The PRA Code of Ethics requires practitioners to advocate for families and seek collaborative resolutions rather than disengaging.

Option B (Encourage the family to work with the practitioner for at least one month) is incorrect because it disregards the family's expressed concerns about provider overload. The PRA study guide advises against pressuring families, as this can erode trust and engagement.

Option D (Call the other service providers and request they close services with the family) is incorrect because it oversteps the practitioner's role and disregards the family's autonomy. The PRA framework emphasizes that decisions about service closure should involve the family and be based on their needs, not unilateral action by the practitioner.

References:

Psychiatric Rehabilitation Association, CFRP Study Guide 2024-2025, Section on Systems Competencies: Collaboration and Service Coordination.

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

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

NEW QUESTION # 71

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