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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q24-Q29):

NEW QUESTION # 24

Stimulant medication, when used in children with an attention deficit disorder, is likely to result in

- A. increased acceptable behavior.
- B. decreased mood stability.
- C. increased appetite.
- D. decreased academic achievement.

Answer: A

Explanation:

Within the CFRP framework, supporting health and wellness includes understanding the effects of evidence- based interventions, such as stimulant medications for children with attention deficit disorders (ADD/ADHD).

Stimulant medications, such as methylphenidate, are known to improve attention and impulse control, leading to increased acceptable behavior in social and academic settings. The CFRP study guide states, "Stimulant medications for children with attention deficit disorders typically result in increased acceptable behavior by enhancing focus and reducing impulsivity." Decreased mood stability (option A) is not a common outcome when medications are properly managed. Decreased academic achievement (option C) is unlikely, as improved focus often supports academic performance. Increased appetite (option D) is incorrect, as stimulants commonly reduce appetite as a side effect.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Stimulant medications, when used for attention deficit disorders, are likely to increase acceptable behavior by improving attention and reducing impulsive actions in children." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Pharmacological Interventions.

Psychiatric Rehabilitation Association (PRA) Guidelines on ADHD Management.

NEW QUESTION # 25

A principle of family support is demonstrated when the practitioner

- A. establishes a contract for the family based on behaviors and contingencies.
- B. sets firm boundaries with the family to manage identified concerns.
- C. acquires resources he feels the family needs to be successful.
- D. affirms a family's cultural, racial, and linguistic identities.

Answer: D

Explanation:

A core principle of family support within the CFRP framework's interpersonal competencies is cultural competence, which involves affirming a family's cultural, racial, and linguistic identities. This practice fosters trust and ensures services are relevant and respectful of the family's unique context. The CFRP study guide states, "Affirming a family's cultural, racial, and linguistic identities is a fundamental principle of family support, promoting engagement and resilience." Acquiring resources (option A) is part of case management but not a defining principle of family support. Establishing behavioral contracts (option C) or setting firm boundaries (option D) may be therapeutic techniques but do not represent the core principle of family support as directly as cultural affirmation.

* CFRP Study Guide (Section on Interpersonal Competencies): "A key principle of family support is affirming the cultural, racial, and linguistic identities of families to build trust and support resilience." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Interpersonal Competencies, Cultural Competence.

Psychiatric Rehabilitation Association (PRA) Guidelines on Family Support Principles.

NEW QUESTION # 26

Which of the following will ease the family's subjective burden of having a child with a psychiatric experience?

- A. Refocusing their attention on family bonds

- B. Addressing the limitations of the mental health system
- **C. Addressing their sense of grief and loss**
- D. Explaining the need to accept the child's behaviors

Answer: C

Explanation:

Interpersonal competencies in the CFRP framework involve supporting families emotionally when a child has a psychiatric condition. Addressing the family's sense of grief and loss is key to easing their subjective burden, as it validates their emotional experience and fosters coping. The CFRP study guide emphasizes, "To ease the subjective burden of families with a child experiencing psychiatric issues, practitioners should address their sense of grief and loss, helping them process emotions and build resilience." Accepting behaviors (option A) may feel dismissive. Refocusing on family bonds (option B) is supportive but less direct. Discussing system limitations (option C) does not address emotional burden.

* CFRP Study Guide (Section on Interpersonal Competencies): "Addressing the family's sense of grief and loss is essential to ease the subjective burden of having a child with a psychiatric experience, supporting emotional coping." References:

CFRP Study Guide, Section on Interpersonal Competencies, Family Emotional Support.

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

NEW QUESTION # 27

A practitioner is completing an assessment with a child who recently experienced a traumatic event. The child is avoiding questions related to the event. The practitioner should

- A. refer the child to a therapist.
- **B. allow the child to disclose at his own pace.**
- C. ask the parent about the child's trauma.
- D. continue questioning the child about the trauma.

Answer: B

Explanation:

Trauma-informed care is a cornerstone of supporting health and wellness in the CFRP framework. When a child who has experienced a traumatic event avoids discussing it during an assessment, the practitioner should allow the child to disclose at their own pace, respecting their emotional readiness and avoiding re-traumatization. The CFRP study guide emphasizes, "In trauma-informed assessments, practitioners should allow children to disclose details of traumatic events at their own pace to ensure safety and trust." Asking the parent (option A) may be a secondary step but bypasses the child's autonomy. Referring to a therapist (option C) or continuing questioning (option D) may be premature or harmful without first establishing trust.

* CFRP Study Guide (Section on Supporting Health and Wellness): "When a child avoids discussing a traumatic event during assessment, practitioners should allow disclosure at the child's own pace, prioritizing safety and trust in trauma-informed care."

References:

CFRP Study Guide, Section on Supporting Health and Wellness, Trauma-Informed Care.

Psychiatric Rehabilitation Association (PRA) Guidelines on Trauma-Informed Assessments.

NEW QUESTION # 28

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

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

Answer: C

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 # 29

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