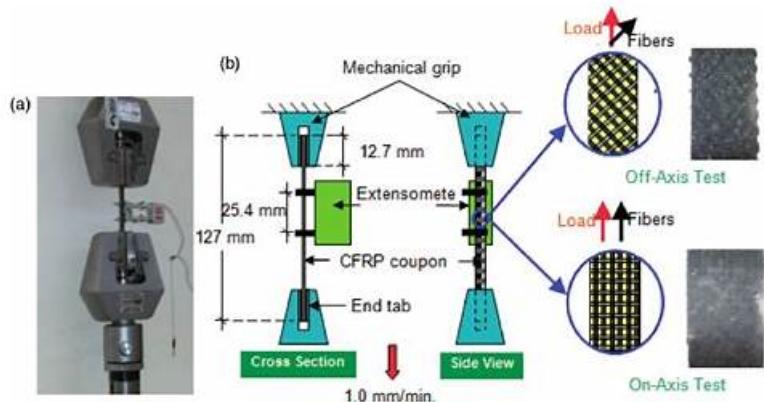


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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q66-Q71):

NEW QUESTION # 66

The concept of person-first language is founded in

- A. the limits of disability.
- B. political correctness.
- C. the need for accommodation.
- D. respect for differences.

Answer: D

Explanation:

The CFRP framework emphasizes cultural competence and respectful communication within interpersonal competencies. Person-first language, which prioritizes the individual over their disability or condition (e.g., "a child with autism" rather than "an autistic child"), is founded in respect for differences. This approach acknowledges the dignity and individuality of each person. The CFRP

study guide states, "Person-first language is rooted in respect for differences, emphasizing the individual's humanity and unique qualities over their condition or disability." The limits of disability (option A) or the need for accommodation (option B) are not the foundation, though they may relate to its application. Political correctness (option C) is a mischaracterization, as person-first language is about dignity, not superficial compliance.

* CFRP Study Guide (Section on Interpersonal Competencies): "The concept of person-first language is founded in respect for differences, promoting dignity by prioritizing the individual's identity over their disability or condition." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Interpersonal Competencies, Respectful Communication.

Psychiatric Rehabilitation Association (PRA) Guidelines on Person-First Language.

NEW QUESTION # 67

Supporting transition-age youth in their efforts to understand how media, music, and beliefs impact their interpretation of mental health challenges is an example of

- A. collaborative understanding.
- B. cultural competency.
- C. social networking.
- D. supportive therapy.

Answer: B

Explanation:

Within the CFRP framework, transition-age youth services emphasize culturally competent practices that address how societal and cultural factors influence mental health. Supporting youth in understanding how media, music, and beliefs shape their mental health perceptions is an example of cultural competency, as it involves exploring cultural influences on their worldview. The CFRP study guide notes, "Cultural competency includes helping transition-age youth understand how media, music, and cultural beliefs impact their interpretation of mental health challenges." Collaborative understanding (option B) is not a recognized term. Supportive therapy (option C) is a clinical intervention, not specific to cultural factors. Social networking (option D) involves peer connections, not cultural analysis.

* CFRP Study Guide (Section on Transition-Age Youth Services): "Cultural competency involves supporting transition-age youth in exploring how media, music, and beliefs influence their understanding of mental health challenges." References: CFRP Study Guide, Section on Transition-Age Youth Services, Cultural Competency. Psychiatric Rehabilitation Association (PRA) Guidelines on Cultural Influences in Youth Mental Health.

NEW QUESTION # 68

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

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

Answer: D

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 # 69

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

Answer: A

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 # 70

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

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

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 # 71

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