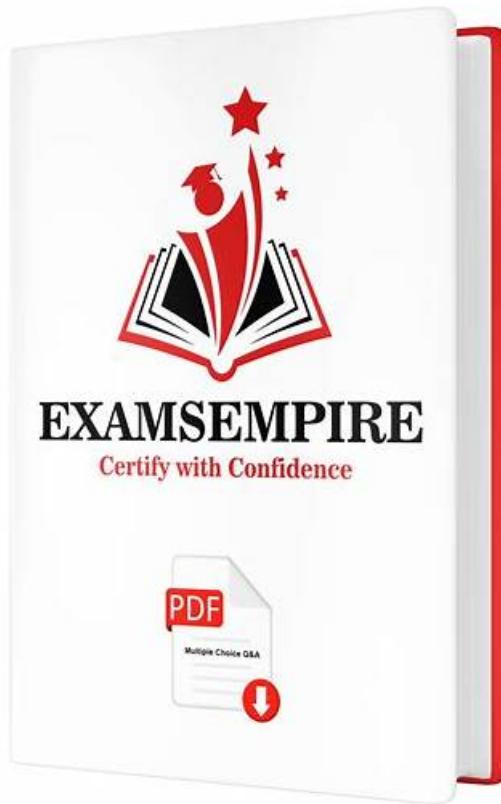


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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q48-Q53):

NEW QUESTION # 48

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

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

Answer: B

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 # 49

A teacher is requesting that the practitioner refer a six-year-old child to a psychiatrist to determine if medication is needed. What is the practitioner's first course of action?

- A. Discuss this request with the family.
- B. Request to view the child's school file.
- C. Refer the child to a psychiatrist as requested.
- D. Discuss this request with the school counselor.

Answer: A

Explanation:

In the CFRP framework, assessment, planning, and outcomes prioritize family-driven and collaborative decision-making. When a teacher requests a psychiatric referral for a six-year-old to evaluate medication needs, the practitioner's first course of action is to discuss this request with the family to ensure their involvement, understand their perspectives, and respect their authority in decision-making. The CFRP study guide states, "When external parties, such as teachers, request a psychiatric referral for a child, the practitioner's first step is to discuss the request with the family to align with family-driven principles." Directly referring the child (option A) bypasses family consent. Discussing with the school counselor (option C) or reviewing the school file (option D) may be subsequent steps but are not the priority.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "The practitioner's first action when a teacher requests a psychiatric referral is to discuss the request with the family, ensuring their involvement in decisions about the child's care."

References:

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

Psychiatric Rehabilitation Association (PRA) Guidelines on Collaborative Care.

NEW QUESTION # 50

Mental health treatment is expanding to include

- A. individualized goal planning.
- B. school modifications.

- C. peer-to-peer support.
- D. functional family therapy.

Answer: D

Explanation:

The CFRP framework highlights the expansion of mental health treatment to include evidence-based practices that address family dynamics. Functional family therapy (FFT) is a recognized intervention being increasingly integrated into mental health treatment for children and youth, focusing on improving family relationships and communication. The CFRP study guide explains, "Mental health treatment is expanding to include functional family therapy, which targets family dynamics to support child and adolescent recovery." School modifications (option A) are accommodations, not treatments. Individualized goal planning (option B) is part of treatment but not a specific expansion. Peer-to-peer support (option C) is valuable but less central than FFT in treatment expansion.

* CFRP Study Guide (Section on Supporting Health and Wellness): "The expansion of mental health treatment includes functional family therapy, an evidence-based approach that strengthens family relationships to support recovery." References:

CFRP Study Guide, Section on Supporting Health and Wellness, Evidence-Based Treatments.

Psychiatric Rehabilitation Association (PRA) Guidelines on Family-Based Interventions.

NEW QUESTION # 51

When significant cultural differences are identified between a practitioner and the family he serves, the BEST course of action for the practitioner to take is to

- A. increase his understanding of the family's cultural traits.
- B. increase his understanding of the family's coping strategies.
- C. share his personal cultural norms and values.
- D. share his underlying prejudicial beliefs.

Answer: A

Explanation:

Cultural competence is a cornerstone of interpersonal competencies in the CFRP framework. When significant cultural differences arise between a practitioner and a family, the best course of action is to increase understanding of the family's cultural traits to provide respectful and relevant support. The CFRP study guide states, "When cultural differences are identified, practitioners should prioritize increasing their understanding of the family's cultural traits to ensure culturally competent service delivery." Sharing personal norms (option A) or prejudicial beliefs (option C) is inappropriate and unprofessional. Understanding coping strategies (option D) is valuable but secondary to cultural traits in addressing differences.

* CFRP Study Guide (Section on Interpersonal Competencies): "The best response to significant cultural differences is for practitioners to increase their understanding of the family's cultural traits, ensuring respectful and effective support." References:

CFRP Study Guide, Section on Interpersonal Competencies, Cultural Competence.

Psychiatric Rehabilitation Association (PRA) Guidelines on Multicultural Practice.

NEW QUESTION # 52

Between the ages of five and twelve years, a child is typically

- A. coming to terms with emerging sexuality.
- B. developing skills and a sense of pride in accomplishments.
- C. exploring interpersonal skills through initiating activities.
- D. forming an attachment to caregivers and teachers.

Answer: B

Explanation:

Supporting health and wellness in the CFRP framework includes understanding developmental stages.

Between ages five and twelve, children are typically in Erikson's industry vs. inferiority stage, developing skills and a sense of pride in accomplishments through tasks like schoolwork and hobbies. The CFRP study guide notes, "From ages five to twelve, children focus on developing skills and a sense of pride in accomplishments, building competence and self-esteem." Exploring interpersonal skills (option A) is less specific, forming attachments (option C) is more relevant to earlier stages, and emerging sexuality (option D) typically occurs in adolescence.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Children aged five to twelve typically develop skills and pride in accomplishments, aligning with the industry vs. inferiority developmental stage." References:

CFRP Study Guide, Section on Supporting Health and Wellness, Developmental Stages. Psychiatric Rehabilitation Association (PRA) Guidelines on Child Development.

NEW QUESTION # 53

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