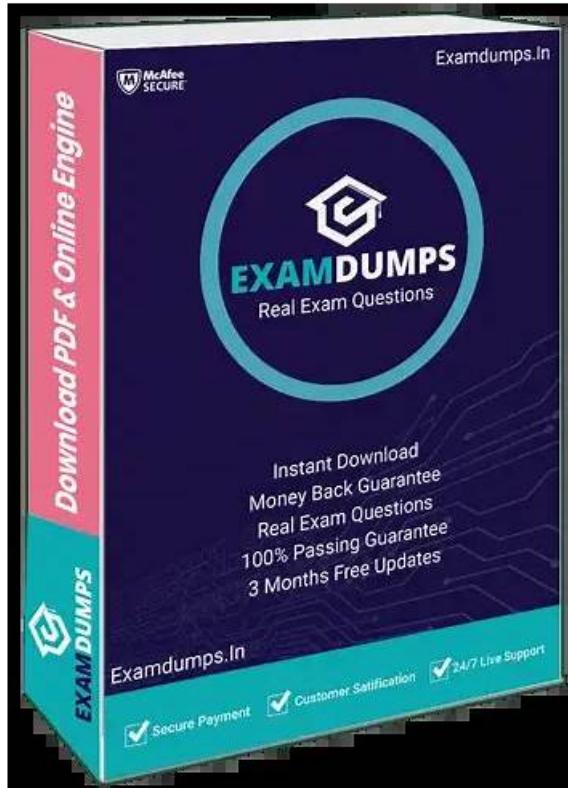


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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q80-Q85):

NEW QUESTION # 80

When expanding mental health programming for children and families, it is essential that children

- A. be identified early and provided with effective services and supports.
- B. be placed in residential treatment to achieve the best outcomes.
- C. are maintained in their home environment to avoid disruption.
- D. are informed of all of their available treatment options and risks.

Answer: A

Explanation:

Systems competencies in the CFRP framework focus on improving mental health service delivery through proactive and effective programming. When expanding mental health programming, it is essential to identify children early and provide them with effective services and supports to prevent escalation of issues and promote recovery. The CFRP study guide states, "Expanding mental health programming requires early identification of children's needs and the provision of effective services and supports to ensure positive outcomes." Informing of treatment options (option A) is important but secondary to early intervention.

Maintaining home environments (option B) is ideal but not always feasible. Residential treatment (option C) is a last resort, not a primary strategy.

* CFRP Study Guide (Section on Systems Competencies): "Essential to expanding mental health programming is the early identification of children and the delivery of effective services and supports to promote recovery and resilience." References: CFRP Study Guide, Section on Systems Competencies, Mental Health Programming. Psychiatric Rehabilitation Association (PRA) Guidelines on Early Intervention Systems.

NEW QUESTION # 81

According to research, how much impact on juvenile delinquency does being raised in a blended home have compared to a home with two biological parents?

- A. Low impact
- B. High impact
- C. Moderate impact
- D. No impact

Answer: A

Explanation:

Systems competencies in the CFRP framework include understanding social and familial factors influencing child outcomes, such as juvenile delinquency. Research cited in the CFRP study guide indicates that being raised in a blended home (with step-parents or step-siblings) has a low impact on juvenile delinquency compared to a home with two biological parents, as family dynamics and support quality are more significant factors. The guide states, "Research shows that being raised in a blended home has a low impact on juvenile delinquency compared to homes with two biological parents, with parenting quality being a stronger determinant."

Moderate (option A) or high impact (option B) overstates the effect, and no impact (option D) is inaccurate given some influence exists.

* CFRP Study Guide (Section on Systems Competencies): "Being raised in a blended home has a low impact on juvenile delinquency compared to homes with two biological parents, as parenting quality and support systems are more critical factors." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Systems Competencies, Family Structure and Delinquency.

Psychiatric Rehabilitation Association (PRA) Guidelines on Social Risk Factors.

NEW QUESTION # 82

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

- A. Addressing the limitations of the mental health system

- B. Explaining the need to accept the child's behaviors
- **C. Addressing their sense of grief and loss**
- D. Refocusing their attention on family bonds

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 # 83

Wraparound for children and youth is a

- A. collaborative plan designed by a clinician, teacher, and case manager.
- B. community-based, collaborative service that focuses on preventing hospitalization and suicide risk.
- **C. community-based, individualized service that focuses on the strengths and needs of the child and family.**
- D. self-designed intervention and wellness tool for the child and family.

Answer: C

Explanation:

In the CFRP framework, Wraparound is a key approach within assessment, planning, and outcomes, designed to support children and families holistically. Wraparound is a community-based, individualized service that focuses on the strengths and needs of the child and family, involving tailored plans and community resources.

The CFRP study guide states, "Wraparound is a community-based, individualized service that builds on the strengths and addresses the needs of the child and family to promote resilience and recovery." It is not self- designed (option A), as it involves professional facilitation. It is not limited to clinicians, teachers, and case managers (option C) or focused solely on preventing hospitalization and suicide (option D), but rather encompasses broader family-driven goals.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "Wraparound is a community- based, individualized service that focuses on the strengths and needs of the child and family, fostering resilience through collaborative, tailored planning." References:

CFRP Study Guide, Section on Assessment, Planning, and Outcomes, Wraparound Services.

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

NEW QUESTION # 84

A 13-year-old boy, who is new to the community and school, is found intoxicated in the school bathroom.

What is the BEST course of action for the practitioner to take?

- A. Report the child's behavior to law enforcement.
- B. Refer the child to substance abuse treatment services.
- C. Encourage school officials to expel the child.
- **D. Convene a meeting with the child, his family, and school officials.**

Answer: D

Explanation:

In the CFRP framework, assessment, planning, and outcomes require a collaborative and family-driven approach to address concerning behaviors like substance use. For a 13-year-old found intoxicated, the best initial action is to convene a meeting with the child, family, and school officials to assess the situation, understand underlying factors, and develop a plan. The CFRP study guide notes, "When a child exhibits concerning behaviors such as substance use, the practitioner should first convene a collaborative meeting with the child, family, and relevant stakeholders to assess needs and plan interventions." Immediate referral to treatment

(option B) may follow but requires assessment first. Reporting to law enforcement (option C) or encouraging expulsion (option D) are punitive and not aligned with CFRP's strengths-based approach.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "For incidents involving substance use, the practitioner's best course of action is to convene a meeting with the child, family, and school officials to collaboratively assess the situation and plan appropriate interventions." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Assessment, Planning, and Outcomes, Collaborative Planning.

Psychiatric Rehabilitation Association (PRA) Guidelines on Substance Use Interventions.

NEW QUESTION # 85

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