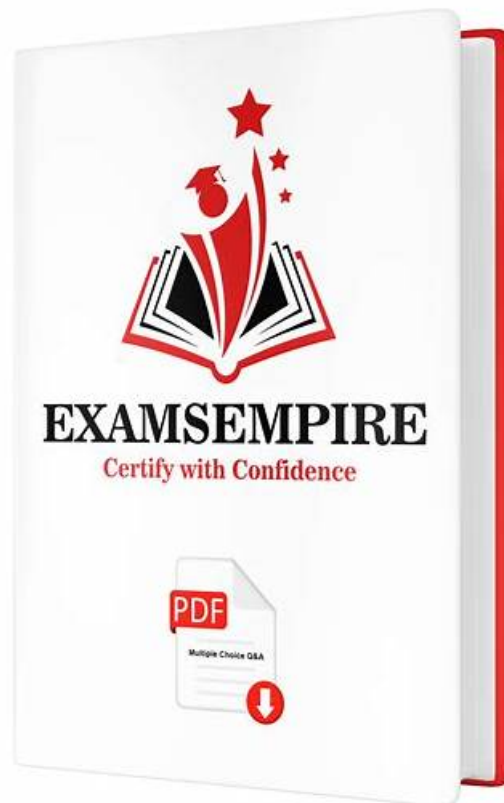


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## **Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q41-Q46):**

### **NEW QUESTION # 41**

When the concept of being strengths-based is translated into action, families will focus on

- A. symptom management.
- B. specific problems and barriers.
- **C. unique skills and characteristics.**
- D. standards of performance.

**Answer: C**

Explanation:

The strengths-based approach is a cornerstone of the CFRP framework, particularly within strategies for facilitating recovery. This approach shifts the focus from deficits and problems to the inherent strengths, skills, and characteristics of individuals and families. According to the CFRP study guide, a strengths-based approach involves "identifying and building upon the unique skills, abilities, and characteristics of families to promote resilience and recovery." This contrasts with focusing on symptom management (option A), which is more aligned with traditional medical models, or specific problems and barriers (option D), which emphasizes deficits. Standards of performance (option C) are unrelated to the strengths-based approach, as they imply external benchmarks rather than individualized strengths.

\* CFRP Study Guide (Section on Strategies for Facilitating Recovery): "A strengths-based approach translates into action by focusing on the unique skills, abilities, and characteristics of families, empowering them to build resilience and achieve recovery goals." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Strategies for Facilitating Recovery, Strengths-Based Approach.

Psychiatric Rehabilitation Association (PRA) Principles of Strengths-Based Practice.

### **NEW QUESTION # 42**

The process for supporting students with mental health needs in an academic setting includes

- A. intensive on-campus support to succeed at school.
- B. intensive on-site training to perform tasks.
- **C. social, emotional, and intellectual skills development.**
- D. social, physical, and vocational skills development.

**Answer: C**

Explanation:

Supporting students with mental health needs in academic settings is a key aspect of supporting health and wellness in the CFRP framework. The process involves fostering social, emotional, and intellectual skills development to help students manage their mental health and thrive academically. The CFRP study guide states, "Supporting students with mental health needs in academic settings requires a focus on social, emotional, and intellectual skills development to promote resilience and academic success." Social, physical, and vocational skills (option A) are relevant but less comprehensive in this context. Intensive on-site training (option B) or on-campus support (option C) may be components but do not capture the holistic skill development needed.

\* CFRP Study Guide (Section on Supporting Health and Wellness): "The process for supporting students with mental health needs in academic settings emphasizes social, emotional, and intellectual skills development to ensure resilience and academic achievement." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, School-Based Mental Health Support.

Psychiatric Rehabilitation Association (PRA) Guidelines on Academic Interventions.

### **NEW QUESTION # 43**

A practitioner is working with a transition-age youth who is thinking about dropping out of school due to failing grades and not having enough credits to graduate on time. The practitioner should encourage the youth to

- A. request a meeting with her teachers.
- B. ask her classmates to help with schoolwork.
- C. enroll in a high school equivalency program.
- D. accept graduating at a later date.

**Answer: A**

Explanation:

Supporting transition-age youth in the CFRP framework involves empowering them to address educational challenges collaboratively. For a youth considering dropping out due to failing grades and insufficient credits, the practitioner should encourage requesting a meeting with teachers to explore solutions, such as academic support or credit recovery plans. The CFRP study guide states, "When a transition-age youth faces academic challenges threatening graduation, practitioners should encourage them to request a meeting with teachers to collaboratively address barriers and identify solutions." Accepting delayed graduation (option A) or enrolling in an equivalency program (option C) may be options but are less immediate than engaging teachers. Asking classmates for help (option B) is less structured and less likely to address systemic issues.

\* CFRP Study Guide (Section on Transition-Age Youth Services): "Practitioners should encourage transition-age youth facing academic difficulties to request a meeting with teachers to explore solutions, fostering collaboration and persistence." References: CFRP Study Guide, Section on Transition-Age Youth Services, Educational Support. Psychiatric Rehabilitation Association (PRA) Guidelines on Transition-Age Youth Education.

#### NEW QUESTION # 44

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. Discuss this request with the school counselor.
- D. Refer the child to a psychiatrist as requested.

**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 # 45

To nurture resilience in children, practitioners must

- A. emphasize performance over learning.
- B. teach the development realistic goals.
- C. emphasize that mistakes are opportunities for growth.
- D. avoid using humor to minimize disappointment.

**Answer: C**

Explanation:

Fostering resilience is a core strategy for facilitating recovery in the CFRP framework. Practitioners nurture resilience in children by emphasizing that mistakes are opportunities for growth, which encourages a growth mindset and perseverance. The CFRP study

guide states, "To nurture resilience, practitioners should emphasize that mistakes are opportunities for growth, helping children develop a positive approach to challenges." Emphasizing performance (option A) can increase pressure and hinder resilience. Teaching realistic goals (option C) is important but less directly tied to resilience. Avoiding humor (option D) is not a resilience strategy and may limit emotional connection.

\* CFRP Study Guide (Section on Strategies for Facilitating Recovery): "Nurturing resilience in children involves emphasizing that mistakes are opportunities for growth, fostering a growth mindset and adaptability." References:  
CFRP Study Guide, Section on Strategies for Facilitating Recovery, Resilience Building.  
Psychiatric Rehabilitation Association (PRA) Guidelines on Strengths-Based Resilience.

## NEW QUESTION # 46

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