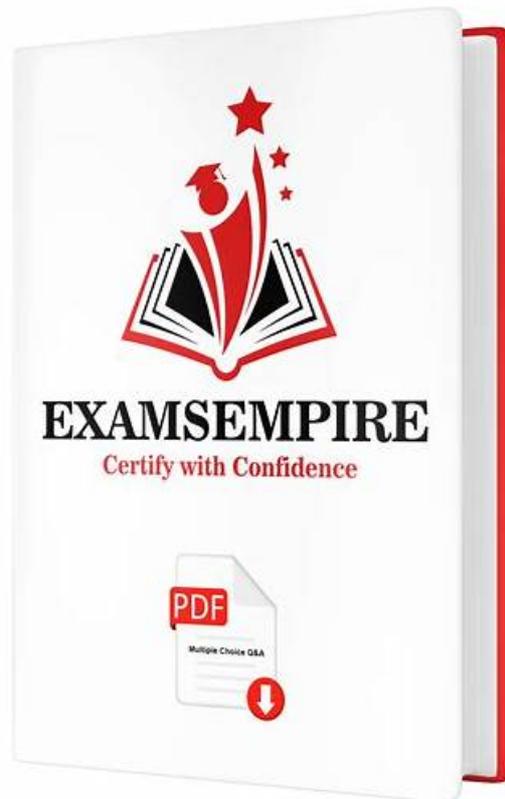


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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q85-Q90):

NEW QUESTION # 85

The belief that one's own culture is superior to another is known as

- A. **ethnocentrism.**
- B. stereotyping.
- C. encapsulation.
- D. stigmatization.

Answer: A

Explanation:

Cultural competence is a core component of interpersonal competencies in the CFRP framework. The belief that one's own culture is superior to others is defined as ethnocentrism, which hinders effective engagement with diverse families. The CFRP study guide states, "Ethnocentrism, the belief that one's own culture is superior, undermines cultural competence and effective family support." Stigmatization (option A) involves negative labeling, encapsulation (option C) refers to cultural isolation, and stereotyping (option D) involves generalized assumptions, none of which precisely describe cultural superiority.

* CFRP Study Guide (Section on Interpersonal Competencies): "Ethnocentrism is the belief that one's own culture is superior to others, posing a barrier to culturally competent practice in family support." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Interpersonal Competencies, Cultural Competence.

Psychiatric Rehabilitation Association (PRA) Guidelines on Multicultural Practice.

NEW QUESTION # 86

A practitioner engages and interacts in ways that invite a curious exploration of potential. This is an example of which of the following approaches?

- A. **Strength-based**
- B. Family-based
- C. Individual-based
- D. Culture-based

Answer: A

Explanation:

The CFRP framework emphasizes a strength-based approach within strategies for facilitating recovery, which involves engaging individuals in ways that highlight their potential and encourage exploration of possibilities.

A practitioner inviting a curious exploration of potential exemplifies a strength-based approach, focusing on the child's or family's capabilities and aspirations. The CFRP study guide notes, "A strength-based approach involves engaging and interacting in ways that invite a curious exploration of potential, empowering individuals to discover their strengths." Culture-based (option A) focuses on cultural contexts, individual-based (option C) is less specific, and family-based (option D) emphasizes family dynamics rather than potential exploration.

* CFRP Study Guide (Section on Strategies for Facilitating Recovery): "Engaging in ways that invite a curious exploration of potential is a hallmark of the strength-based approach, fostering empowerment through discovery of strengths." References:

CFRP Study Guide, Section on Strategies for Facilitating Recovery, Strength-Based Practices.

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

NEW QUESTION # 87

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

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

Answer: D

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 # 88

A child's mother expressed concern that between her home, the child's father's home, and school, there are too many competing behavioral expectations. What is the BEST course of action for the practitioner to take?

- A. Explain services are limited to the behavioral concerns and goals at the mother's home.
- B. Require weekly meetings with both parents to review concerns and goals in each home.
- C. Convene a team meeting with both parents at the school to identify concerns and goals.
- D. Inform the mother that agency policy prohibits interference with school concerns and goals.

Answer: C

Explanation:

The CFRP framework emphasizes collaborative and family-driven planning within the domain of Assessment, Planning, and Outcomes. When a mother raises concerns about competing behavioral expectations across different environments (her home, the father's home, and school), the best course of action is to convene a team meeting with both parents and school officials to identify concerns and align goals. This approach fosters consistency and collaboration across settings. The CFRP study guide notes, "To address competing behavioral expectations across home and school environments, practitioners should convene a team meeting with parents and school representatives to collaboratively identify concerns and establish consistent goals." Requiring weekly meetings (option A) may be excessive without first establishing a unified plan. Limiting services to the mother's home (option D) or citing agency policy (option C) disregards the need for systemic collaboration.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "When competing behavioral expectations arise across home and school settings, the practitioner should convene a team meeting with parents and school officials to align concerns and goals for consistency." References:

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

Psychiatric Rehabilitation Association (PRA) Guidelines on Family and School Collaboration.

NEW QUESTION # 89

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

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

Answer: D

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 # 90

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