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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q28-Q33):

NEW QUESTION # 28

According to the Adverse Childhood Experience (ACE) Study, adverse childhood experiences can BEST be reversed by

- A. residential treatment programs.
- **B. a consistent nurturing person.**
- C. a biological family member.
- D. ongoing therapeutic interventions.

Answer: B

Explanation:

In the CFRP framework, supporting health and wellness includes addressing the impacts of adverse childhood experiences (ACEs) as identified in the ACE Study. The study emphasizes that the presence of a consistent nurturing person, such as a supportive caregiver or mentor, is the most effective way to mitigate the long-term effects of ACEs by fostering resilience and emotional security. The CFRP study guide states, "According to the ACE Study, the effects of adverse childhood experiences are best reversed by a consistent nurturing person who provides emotional support and stability." A biological family member (option B) is not necessarily required, as the key is nurturing support. Residential treatment (option C) and ongoing therapy (option D) may help but are less impactful than a nurturing relationship.

* CFRP Study Guide (Section on Supporting Health and Wellness): "The ACE Study highlights that a consistent nurturing person is the most effective means to reverse the impacts of adverse childhood experiences, promoting resilience through stable support."

References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Adverse Childhood Experiences.

Psychiatric Rehabilitation Association (PRA) Guidelines on Trauma Recovery.

NEW QUESTION # 29

A transition-age youth, who is depressed and shows patterns of thinking that reinforce suicide as the only option, is experiencing cognitive

- A. dissonance.
- B. restructuring.
- C. congruence.
- **D. distortions.**

Answer: D

Explanation:

In supporting transition-age youth, the CFRP framework addresses mental health challenges like depression and suicidality. Patterns of thinking that reinforce suicide as the only option are indicative of cognitive distortions, such as all-or-nothing thinking or hopelessness, which are common in depression. The CFRP study guide notes, "Transition-age youth with depression who view suicide as the only option are experiencing cognitive distortions, characterized by irrational or exaggerated thought patterns." Cognitive restructuring (option A) is a therapeutic technique to address distortions, not the condition itself. Congruence (option B) refers to alignment between thoughts and feelings, not distorted thinking. Dissonance (option D) involves conflicting beliefs, not the described pattern.

* CFRP Study Guide (Section on Transition-Age Youth Services): "Cognitive distortions, such as viewing suicide as the only option, are common in depressed transition-age youth and require targeted interventions to address irrational thought patterns." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Transition-Age Youth Services, Mental Health Interventions.

Psychiatric Rehabilitation Association (PRA) Guidelines on Cognitive Behavioral Approaches.

NEW QUESTION # 30

A child and his family are preparing to make an active change in their health and wellness. How would the practitioner proceed?

- **A. Examine their readiness to make changes.**
- B. Demonstrate empathy and understanding.

- C. Assist them in developing goal statements and plans.
- D. Assess their strengths and weaknesses.

Answer: A

Explanation:

In the CFRP framework, assessment, planning, and outcomes involve a structured approach to support families in achieving health and wellness goals. When a child and family are preparing to make active changes, the practitioner's first step is to examine their readiness to make changes, using frameworks like the Stages of Change model to ensure commitment and feasibility. The CFRP study guide states, "Before initiating health and wellness changes, practitioners must examine the child and family's readiness to make changes to ensure effective planning and engagement." Demonstrating empathy (option B), developing goals (option C), or assessing strengths (option D) are important but follow the initial assessment of readiness.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "When a child and family are preparing for health and wellness changes, the practitioner's first step is to examine their readiness to make changes, ensuring alignment with their motivation and capacity." References:

CFRP Study Guide, Section on Assessment, Planning, and Outcomes, Change Readiness.

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

NEW QUESTION # 31

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

Answer: A

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 # 32

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

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

Answer: D

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 # 33

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