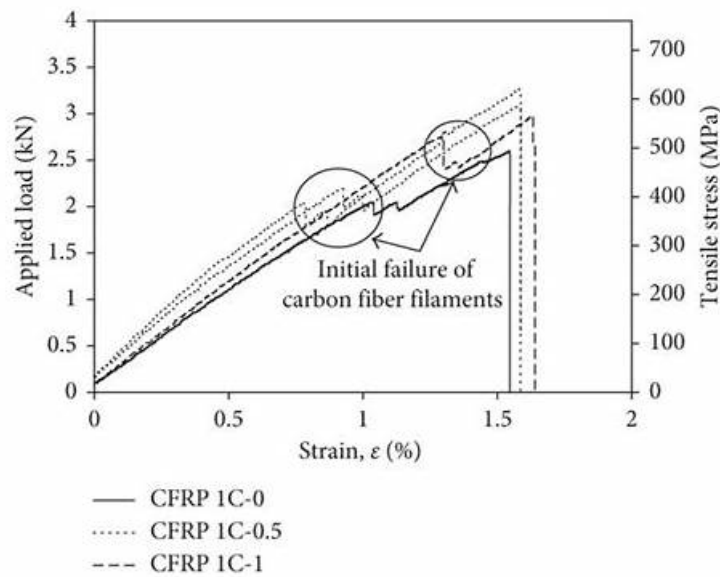


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## Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q63-Q68):

### NEW QUESTION # 63

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

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

**Answer: A**

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 # 64**

A fourteen-year-old girl was referred to a practitioner due to repeated alcohol consumption on school property. She is diagnosed with oppositional defiant disorder, depression, and attention deficit disorder. She finds change very difficult and is having trouble focusing. What is the PRIMARY goal of this first session?

- A. Assess, evaluate, and document her readiness for change.
- B. Focus on her areas of wellness concerns.
- **C. Engage, connect, and understand her experiences.**
- D. Obtain release from her family doctor and school.

**Answer: C**

Explanation:

In the CFRP framework, the initial session with a child, especially one with complex diagnoses and behaviors, focuses on building rapport and understanding their perspective. For a fourteen-year-old with alcohol use and multiple diagnoses, the primary goal of the first session is to engage, connect, and understand her experiences to establish trust and lay the foundation for future interventions. The CFRP study guide emphasizes, "The primary goal of the first session with a child is to engage, connect, and understand their experiences, fostering trust and a therapeutic alliance." Focusing on wellness concerns (option A) or assessing readiness for change (option B) are subsequent steps. Obtaining releases (option D) is administrative and not the primary therapeutic goal.

\* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "In the first session, the primary goal is to engage, connect, and understand the child's experiences to build trust and establish a foundation for intervention." References:

CFRP Study Guide, Section on Assessment, Planning, and Outcomes, Initial Engagement.

Psychiatric Rehabilitation Association (PRA) Guidelines on Therapeutic Alliance.

#### **NEW QUESTION # 65**

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

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

**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 # 66

Which of the following is a protective factor that facilitates the occurrence of positive outcomes?

- A. Extended family
- **B. Developmental assets**
- C. Peer group connection
- D. Financial means

**Answer: B**

Explanation:

Supporting health and wellness in the CFRP framework involves identifying protective factors that promote resilience and positive outcomes. Developmental assets, such as skills, relationships, and opportunities that foster growth, are recognized as key protective factors that facilitate positive outcomes in children and youth.

The CFRP study guide explains, "Developmental assets, including personal strengths, supportive relationships, and community opportunities, are protective factors that significantly enhance the likelihood of positive outcomes." While financial means (option B), extended family (option C), and peer group connections (option D) can contribute, developmental assets are the most comprehensive and widely recognized protective factor.

\* CFRP Study Guide (Section on Supporting Health and Wellness): "Developmental assets are critical protective factors that facilitate positive outcomes by building resilience through skills, relationships, and opportunities." References:

CFRP Study Guide, Section on Supporting Health and Wellness, Protective Factors.

Psychiatric Rehabilitation Association (PRA) Guidelines on Resilience and Positive Development.

#### NEW QUESTION # 67

Cognitive Behavioral Therapy is an evidence-based practice that is effective for children diagnosed with depression, trauma, or

- A. conduct disorders.
- B. learning disorders.
- **C. anxiety disorders.**
- D. delusional disorders.

**Answer: C**

Explanation:

Cognitive Behavioral Therapy (CBT) is a well-established evidence-based practice within the CFRP framework for supporting health and wellness, particularly for children with mental health challenges. CBT is highly effective for depression, trauma, and anxiety disorders, as it helps children modify negative thought patterns and develop coping strategies. The CFRP study guide notes that "CBT is an evidence-based intervention proven effective for children with depression, trauma, and anxiety disorders, addressing emotional and behavioral challenges through structured techniques." While CBT may be adapted for conduct disorders (option B), it is less commonly cited as a primary intervention compared to anxiety disorders.

Learning disorders (option A) typically require educational interventions, and delusional disorders (option D) are more associated with severe mental illnesses that may require different approaches, such as medication or specialized therapies.

\* CFRP Study Guide (Section on Supporting Health and Wellness): "Cognitive Behavioral Therapy (CBT) is an evidence-based practice effective for children diagnosed with depression, trauma, and anxiety disorders, helping them manage emotions and behaviors." References:

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

Psychiatric Rehabilitation Association (PRA) Guidelines on Mental Health Interventions for Children.

#### NEW QUESTION # 68

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