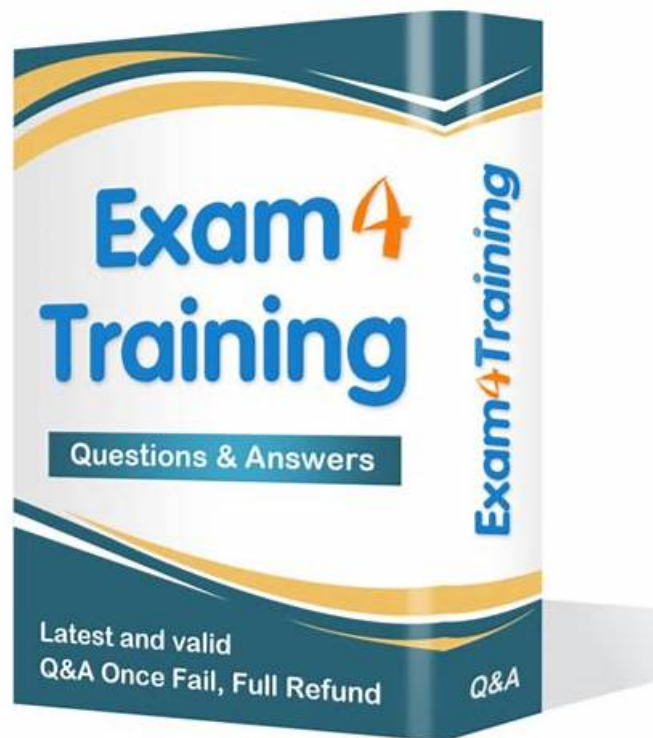


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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q93-Q98):

NEW QUESTION # 93

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 school counselor.
- B. Request to view the child's school file.
- C. Refer the child to a psychiatrist as requested.
- **D. Discuss this request with the family.**

Answer: D

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 # 94

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

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

Answer: C

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 # 95

A barrier to participating in services that is MOST often identified by family members is the lack of

- **A. time and energy.**
- B. knowledge and understanding.
- C. practitioner resources.
- D. practitioner empathy.

Answer: A

Explanation:

Community integration in the CFRP framework involves addressing barriers to family engagement in services. Family members most frequently identify a lack of time and energy as the primary barrier, due to competing demands such as work, caregiving, and other responsibilities. The CFRP study guide notes, "The most commonly cited barrier to participating in services, according to family members, is a lack of time and energy, driven by the demands of daily life." Lack of practitioner resources (option A) or empathy (option C) may be concerns but are less frequently reported. Knowledge and understanding (option B) is a barrier but secondary to the practical constraints of time and energy.

* CFRP Study Guide (Section on Community Integration): "Family members most often identify a lack of time and energy as the primary barrier to participating in services, reflecting the challenges of balancing multiple responsibilities." References:

CFRP Study Guide, Section on Community Integration, Barriers to Engagement.

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

NEW QUESTION # 96

A strategy that seeks to affiliate high-risk youth with healthy adult role models from outside their immediate families is known as

- A. transitional reinforcement.
- B. peer support.
- C. community mentoring.
- D. social activation.

Answer: C

Explanation:

Community integration in the CFRP framework involves connecting youth with supportive community resources to promote positive development. Community mentoring is a strategy that affiliates high-risk youth with healthy adult role models outside their families to provide guidance and positive influence. The CFRP study guide explains, "Community mentoring is a key strategy for high-risk youth, connecting them with healthy adult role models from outside their immediate families to foster resilience and positive outcomes." Transitional reinforcement (option A) and social activation (option B) are not recognized terms in this context. Peer support (option D) involves peers, not adult role models.

* CFRP Study Guide (Section on Community Integration): "Community mentoring affiliates high-risk youth with healthy adult role models outside their families, promoting positive development and resilience." References:

CFRP Study Guide, Section on Community Integration, Mentoring Programs.

Psychiatric Rehabilitation Association (PRA) Guidelines on Community-Based Youth Support.

NEW QUESTION # 97

During assessment, it is important to encourage children to talk about their experiences and perceptions because children often

- A. are unaware of their strengths and weaknesses.
- B. repress their memories and feelings.
- C. are excited to talk about themselves.
- D. hide important information about themselves.

Answer: A

Explanation:

In the CFRP framework, assessment, planning, and outcomes emphasize engaging children in the assessment process to gain insight into their needs and strengths. Encouraging children to talk about their experiences and perceptions is critical because they are often unaware of their strengths and weaknesses, which can inform tailored interventions. The CFRP study guide states, "During assessments, practitioners should encourage children to share their experiences and perceptions, as children are often unaware of their strengths and weaknesses, providing valuable insights for planning." While children may be excited to talk (option A), repress memories (option C), or hide information (option D), these are less universal and less directly tied to the purpose of identifying strengths and weaknesses.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "Encouraging children to discuss their experiences during assessments is essential, as they are often unaware of their strengths and weaknesses, which informs effective planning." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Assessment, Planning, and Outcomes, Child-Centered Assessments.

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

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