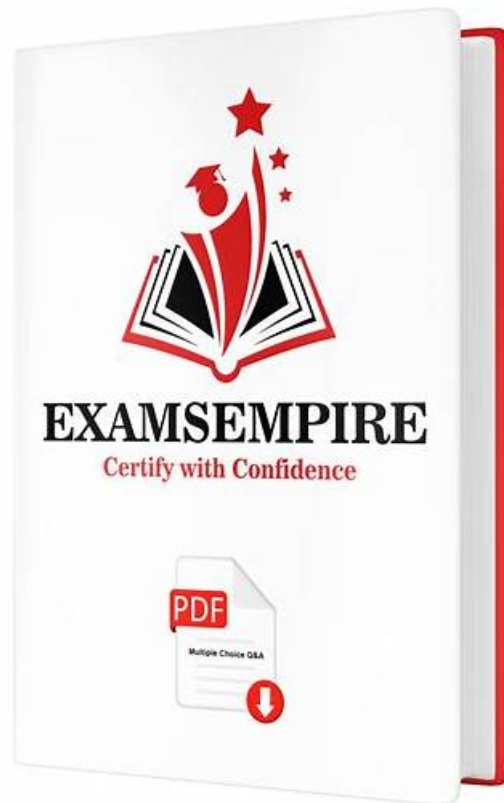


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Psychiatric Rehabilitation Association Certified Child and Family Resiliency

Practitioner (CFRP) Sample Questions (Q69-Q74):

NEW QUESTION # 69

Stimulant medication, when used in children with an attention deficit disorder, is likely to result in

- A. increased acceptable behavior.
- B. increased appetite.
- C. decreased academic achievement.
- D. decreased mood stability.

Answer: A

Explanation:

Within the CFRP framework, supporting health and wellness includes understanding the effects of evidence-based interventions, such as stimulant medications for children with attention deficit disorders (ADD/ADHD).

Stimulant medications, such as methylphenidate, are known to improve attention and impulse control, leading to increased acceptable behavior in social and academic settings. The CFRP study guide states, "Stimulant medications for children with attention deficit disorders typically result in increased acceptable behavior by enhancing focus and reducing impulsivity." Decreased mood stability (option A) is not a common outcome when medications are properly managed. Decreased academic achievement (option C) is unlikely, as improved focus often supports academic performance. Increased appetite (option D) is incorrect, as stimulants commonly reduce appetite as a side effect.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Stimulant medications, when used for attention deficit disorders, are likely to increase acceptable behavior by improving attention and reducing impulsive actions in children." References: Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Pharmacological Interventions.

Psychiatric Rehabilitation Association (PRA) Guidelines on ADHD Management.

NEW QUESTION # 70

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

Answer: C

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 # 71

Gender studies show that negative and irritable temperament in infants and toddlers are predictors of increased risks of what in adolescent boys?

- A. Oppositional behaviors
- B. Psychotic behaviors

- C. Illegal behaviors
- D. Abusive behaviors

Answer: A

Explanation:

The CFRP framework includes understanding developmental risk factors to support health and wellness.

Gender studies cited in the CFRP study guide indicate that negative and irritable temperament in infants and toddlers is a predictor of oppositional behaviors in adolescent boys, such as defiance and aggression, which are characteristic of conditions like Oppositional Defiant Disorder (ODD). The guide states, "Negative and irritable temperament in early childhood is a risk factor for oppositional behaviors in adolescent boys, often manifesting as defiance or conflict with authority." Psychotic behaviors (option A) are linked to severe mental illnesses, not temperament. Illegal (option C) and abusive behaviors (option D) may occur later but are not directly predicted by early temperament as strongly as oppositional behaviors.

* CFRP Study Guide (Section on Supporting Health and Wellness): "Gender studies highlight that negative and irritable temperament in infants and toddlers predicts increased risk of oppositional behaviors in adolescent boys, such as defiance and aggression."

References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Supporting Health and Wellness, Developmental Risk Factors.

Psychiatric Rehabilitation Association (PRA) Guidelines on Child and Adolescent Mental Health.

NEW QUESTION # 72

Defining the limits of exchanging information with persons outside of the treatment team is an example of

- A. informed consent.
- B. shared decision-making.
- C. self-determination.
- **D. protecting confidentiality.**

Answer: D

Explanation:

Professional role competencies in the CFRP framework include adhering to ethical standards, such as protecting confidentiality.

Defining the limits of exchanging information with persons outside the treatment team is a clear example of protecting confidentiality, ensuring client privacy and trust. The CFRP study guide states, "Protecting confidentiality involves defining the limits of information exchange with individuals outside the treatment team to maintain client trust and ethical practice." Self-determination (option A) relates to client autonomy, shared decision-making (option B) involves collaborative choices, and informed consent (option C) pertains to agreeing to treatment, none of which directly address information limits.

* CFRP Study Guide (Section on Professional Role Competencies): "Defining the limits of exchanging information with persons outside the treatment team is a key aspect of protecting confidentiality, ensuring ethical and trustworthy practice." References:

Certified Child and Family Resiliency Practitioner (CFRP) Study Guide, Section on Professional Role Competencies, Ethical Practice.

Psychiatric Rehabilitation Association (PRA) Guidelines on Confidentiality.

NEW QUESTION # 73

Best practice involves service plans that contain goals that are:

- A. General and applicable to a variety of behaviors.
- B. Constant and measurable.
- **C. Reviewed on a consistent basis.**
- D. Developed by the practitioner.

Answer: C

Explanation:

The Assessment, Planning, and Outcomes domain emphasizes dynamic, collaborative service planning. The PRA CFRP Study Guide 2024-2025 states that best practice requires service plan goals to be regularly reviewed and updated to reflect the child's progress and changing needs, ensuring relevance and effectiveness.

Option A (Reviewed on a consistent basis) is correct because the PRA framework mandates ongoing evaluation of goals to adapt to the child's development and circumstances, typically through regular meetings with the family.

OptionB(Constant and measurable) is incorrect because goals should not remain constant; they must evolve.

While measurability is important, it is not the focus of this question.

OptionC(Developed by the practitioner) is incorrect because goals must be co-developed with the family, per the PRA's family-centered approach.

OptionD(General and applicable to a variety of behaviors) is incorrect because goals should be specific (e.g., SMART goals), not vague or broadly applicable.

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Psychiatric Rehabilitation Association,CFRP Study Guide 2024-2025, Section on Assessment, Planning, and Outcomes: Service Plan Review.

PRA Certification Candidate Handbook, Competency Domain 4: Assessment, Planning, and Outcomes.

PRA Code of Ethics, Principle 2: Family-Centered Practice.

NEW QUESTION # 74

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