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Psychiatric Rehabilitation Association Certified Child and Family Resiliency Practitioner (CFRP) Sample Questions (Q48-Q53):

NEW QUESTION # 48

A strengths-based approach requires the practitioner to focus on

- A. assessment, planning, and solutions.
- B. risks, benefits, and outcomes.
- C. needs, barriers, and outcomes.
- D. opportunities, hope, and solutions.

Answer: D

Explanation:

The strengths-based approach in the CFRP framework, within strategies for facilitating recovery, requires practitioners to focus on

opportunities, hope, and solutions to empower families and foster resilience. The CFRP study guide states, "A strengths-based approach centers on opportunities, hope, and solutions, encouraging families to build on their strengths for positive change." Risks, benefits, and outcomes (option A) are analytical but not strengths-focused. Assessment, planning, and solutions (option B) are procedural, not the core focus. Needs, barriers, and outcomes (option C) emphasize deficits, contrary to the approach.

* CFRP Study Guide (Section on Strategies for Facilitating Recovery): "In a strengths-based approach, practitioners focus on opportunities, hope, and solutions to inspire and empower families toward resilience." References:

CFRP Study Guide, Section on Strategies for Facilitating Recovery, Strengths-Based Approach.

Psychiatric Rehabilitation Association (PRA) Guidelines on Empowerment Practices.

NEW QUESTION # 49

The concept of person-first language is founded in

- A. respect for differences.
- B. the need for accommodation.
- C. the limits of disability.
- D. political correctness.

Answer: A

Explanation:

The CFRP framework emphasizes cultural competence and respectful communication within interpersonal competencies. Person-first language, which prioritizes the individual over their disability or condition (e.g., "a child with autism" rather than "an autistic child"), is founded in respect for differences. This approach acknowledges the dignity and individuality of each person. The CFRP study guide states, "Person-first language is rooted in respect for differences, emphasizing the individual's humanity and unique qualities over their condition or disability." The limits of disability (option A) or the need for accommodation (option B) are not the foundation, though they may relate to its application. Political correctness (option C) is a mischaracterization, as person-first language is about dignity, not superficial compliance.

* CFRP Study Guide (Section on Interpersonal Competencies): "The concept of person-first language is founded in respect for differences, promoting dignity by prioritizing the individual's identity over their disability or condition." References:

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

Psychiatric Rehabilitation Association (PRA) Guidelines on Person-First Language.

NEW QUESTION # 50

A caregiver is requesting a decrease in service hours. What is the practitioner's FIRST course of action?

- A. Seek supervision about the caregiver's resistance to service.
- B. Consult with a colleague about how to proceed with the caregiver.
- C. Encourage the caregiver to continue with the current service plan.
- D. Discuss with the caregiver the reason for the request.

Answer: D

Explanation:

In the CFRP framework, person-centered and family-driven planning is critical within the domain of Assessment, Planning, and Outcomes. When a caregiver requests a change, such as a decrease in service hours, the practitioner's first step is to engage in open communication to understand the caregiver's perspective and reasons for the request. The CFRP study guide emphasizes that "practitioners should initiate discussions with caregivers to explore their needs, preferences, and concerns to ensure services align with family goals." Encouraging continuation of the current plan (option A) without discussion disregards family-driven principles. Seeking supervision (option C) or consulting a colleague (option D) may be appropriate later, but these are not the first steps, as they bypass direct engagement with the caregiver.

* CFRP Study Guide (Section on Assessment, Planning, and Outcomes): "When caregivers request changes to service plans, the practitioner's first action is to discuss the reasons for the request, ensuring that services remain family-driven and aligned with their needs." References:

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

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

NEW QUESTION # 51

The MOST significant factor contributing to a child's healthy growth and well-being is

- A. strong relationships.
- B. socioeconomic status.
- C. genetics.
- D. culture.

Answer: A

Explanation:

Supporting health and wellness in the CFRP framework emphasizes the foundational role of relationships in child development. Strong relationships, particularly with caregivers and supportive adults, are the most significant factor contributing to a child's healthy growth and well-being, providing emotional security and resilience. The CFRP study guide notes, "Strong relationships with caregivers and supportive adults are the most significant factor in promoting a child's healthy growth and well-being, fostering emotional and social development." Socioeconomic status (option A), culture (option B), and genetics (option D) influence well-being but are secondary to the impact of relationships.

* CFRP Study Guide (Section on Supporting Health and Wellness): "The most significant factor for a child's healthy growth and well-being is strong relationships, which provide the emotional foundation for resilience and development." References:

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

Psychiatric Rehabilitation Association (PRA) Guidelines on Child Development.

NEW QUESTION # 52

Family enmeshment describes the

- A. extent of the family's involvement in the community.
- B. extent of the family's involvement in treatment.
- C. lack of individuation of family members.
- D. lack of quality family interpersonal communication.

Answer: C

Explanation:

In the CFRP framework, interpersonal competencies include understanding family dynamics, such as enmeshment. Family enmeshment describes a lack of individuation among family members, where boundaries are blurred, and individual identities are overly intertwined, often impacting emotional health. The CFRP study guide states, "Family enmeshment refers to a lack of individuation among family members, characterized by overly close emotional bonds and weak personal boundaries." Involvement in the community (option A) or treatment (option B) does not define enmeshment. Poor communication (option D) may be a consequence but is not the core definition.

* CFRP Study Guide (Section on Interpersonal Competencies): "Family enmeshment is defined as a lack of individuation among family members, where emotional boundaries are blurred, impacting family functioning." References:

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

Psychiatric Rehabilitation Association (PRA) Guidelines on Family Systems.

NEW QUESTION # 53

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